# ANNUAL REPORT

## 1981-82

Alberta

SOCIAL SERVICES
AND COMMUNITY HEALTH

ISSN 0700-2688

Alberta

SOCIAL SERVICES
AND COMMUNITY HEALTH

Office of
the Minister

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EDMONTON, ALBERTA
May 1983

TO THE HONOURABLE G. AMERONGEN
Speaker of the Legislative Assembly

Sir:

I have the honour to present the twelfth annual report of Alberta Social Services and Community Health, which covers the fiscal year ending March 31, 1982.

Respectfully submitted,

Neil Webber

Neil Webber
Minister of Social Services
and Community Health

Alberta

SOCIAL SERVICES
AND COMMUNITY HEALTH

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May 1983

HONOURABLE NEIL WEBBER
Minister of Social Services
and Community Health

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We have the honour to present the twelfth annual report of Alberta Social Services and Community Health, which covers the fiscal year ending March 31, 1982.

Respectfully submitted,

Sheila M. Durkin

Dr. Sheila Durkin
Deputy Minister
Health Services

D'Arcy Coulson

Mr. D'Arcy Coulson
Deputy Minister
Social Services

C E Arthur

Miss Catharine Arthur
Associate Deputy Minister

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# SSCH ANNUAL REPORT 1981/82

# DECENTRALIZATION/REGIONAL PLAN

On April 3, 1981, the Minister of Social Services and Community Health met with senior and middle management staff to outline a plan to regionalize departmental decision making ability, as announced in the Speech from the Throne April, 2, 1981.

The objectives of the regional plan are:

- To improve service delivery to Albertans through a decentralization of responsibility and decision making from central office to regional centres.
- To ensure Department programs are more readily accessible to client groups, recipients and residents of the province.
- To achieve greater coordination of the Department's social and health programs at the community level.
- To strengthen the Department's capability to anticipate and respond quickly to major issues.

The plan includes the formation of six regional centres to coordinate and oversee delivery of services at the regional level in McLennan, Lac La Biche, Edmonton, Innisfail, Calgary and Coaldale. The Sage Institute of Canada was retained to determine consensus on issues and concerns of departmental employees to ensure successful implementation of the regional plan. The Sage Institute also interviewed employees of health units, Family and Community Support Services, and of other related agencies, boards and commissions. Changes in the senior management structure were also made to reflect the intent of the regional plan.

Highlights of the stages and design for implementing decentralization include the following:

- Six regional directors appointed, October 1981 to November 1981.
- Goals, criteria and guidelines for decentralization circulated by the Minister, November 18, 1981.
- Meeting between Minister and departmental managers to describe the outcome of the Sage process, outline the allocation of functions and responsibilities to the regions and central office, and the resulting regional structure, January 28, 1982.
- Communication of decentralization plans to departmental employees by bag lunch meetings and departmental newsletter ("Forward", April 1981).
- Implementation planning and the decentralization of program functions, authorities, responsibilities and positions, February 1982 to August 1982.
- Review of the Department's functions and organizational structure completed by Regional Directors October 1981 to January 1982.
- Completion of goals, criteria and guidelines for decentralization and management of the planning and design phase by a Decentralization Task Force August 1981 to February 1982.
- Conclusion reached during the design stage that the following not be decentralized: Child Welfare pending the release of the report from the Cavanagh Board of Review; Employment Opportunities Program pending the outcome of discussions with the Department of Advanced Education and Manpower; and Vital Statistics pending further study.

# SOCIAL SERVICES DIVISION

Income Security Programs

Rehabilitation Services

Services for the Handicapped

Family Maintenance and Court Services

Office of the Public Guardian

Child Welfare Children's Services Programs

Statistics for 1981 82

# SOCIAL SERVICES DIVISION

The Social Services Division undertook a major review of its functions and activities, consistent with the objectives of the department's decentralization/regional plan. During the design stages of the decentralization plan, the Division continued to be responsible for the delivery of services associated with over 44 programs. At the same time, it was involved in the identification of central office activities related to the delivery of social services, with a view to transferring these to the newly-created regional offices. A new mandate for the Social Services Division, focussing on its responsibility for policy and program development, standards development, monitoring and evaluation of social service programs, was also developed.

Reports follow on the specific activities of program branches.

## INCOME SECURITY PROGRAMS

Income Security Programs operate in the following areas: Social Allowance, Assured Income for the Severely Handicapped, Alberta Assured Income Plan, Day Care Subsidy, Special Investigations Unit and Appeals.

### Social Allowance

The objective of the Social Allowance program is to provide financial assistance to individuals or families in Alberta who do not earn enough to meet their basic needs. Rehabilitation and employment services are also provided to help people become productive and independent.

Benefits include food, shelter, fuel and utilities and personal allowances. Unemployable recipients also receive monthly clothing and household allowances. In addition, medical and other special benefits may be provided as circumstances warrant.

Social allowance cases increased overall by 5.3 per cent from 1980-81 to 1981-82. Significant increases in caseload developed in the areas of employables (16 per cent), single parents (7.3 per cent) and physically ill or disabled (8.3 per cent).

The following tables break down caseload by reason for assistance and compare the averages between 1980-81 and 1981-82.

**Caseload by Reason for Assistance**

| Reason for Assistance | 1980-81 | 1981-82 | % Change |
|---|---|---|---|
| Persons 60 years and older | 3,611 | 3,258 | – 9.8 |
| Physical illness or disability | 5,756 | 6,236 | + 8.3 |
| Mental illness | 1,297 | 1,172 | – 9.6 |
| Mental retardation | 479 | 295 | – 38.4 |
| Unsuitable for employment | 733 | 708 | – 3.4 |
| Persons with dependent children | 13,198 | 14,165 | + 7.3 |
| Employable | 4,936 | 5,727 | + 16.0 |
| **Sub-total** | 30,010 | 31,561 | + 5.2 |
| Guardian Social Allowance | 916 | 1,000 | + 9.2 |
| **Total** | 30,926 | 32,561 | + 5.3 |

### Assured Income for the Severely Handicapped (AISH)

This program enhances the living conditions of severely handicapped Albertans by providing a level of income approximately equivalent to that available to Alberta's senior citizens. The maximum benefit at the end of 1981-82 fiscal year was $552.00. Persons not able to meet their basic needs with this amount could receive a supplement under the Social Allowance Program if they qualified. Recipients residing in nursing homes, auxiliary hospitals and other designated facilities received a modified benefit which was equivalent to the amount of basic necessities as determined under the Social Development Act, plus $52.00.

The AISH caseload increased in 1981-82. This is due to the high number of applications experienced in new programs before these programs reach maturity. Caseload statistics and comparisons to 1980-81 follow:

**AISH Caseload**

| | March 1981 | March 1982 | % Change |
|---|---|---|---|
| AISH with Social Allowance Supplementation | 1,363 | 1,524 | + 11.3 |
| AISH with maximum benefits | 5,193 | 6,678 | + 28.6 |
| AISH with modified benefits | 645 | 673 | + 4.3 |
| **Total** | 7,201 | 8,876 | + 23.2 |

## Alberta Assured Income Plan (AAIP)

This program provides a provincial supplement to persons receiving the federal Guaranteed Income Supplement to the Old Age Security pension. The program was extended in July 1981 to include recipients of the federal Extended Spouses Allowances for 60-64 year-old spouses of deceased pensioners. Maximum benefits in 1981-82 were $85.00 per eligible recipient.

Regular recipients of AAIP averaged 81,270 in 1981-82 compared with 81,100 in 1980-81. Widowed spouses receiving Extended Spouses Allowance and AAIP averaged 372.

## Day Care Subsidy

The purpose of the Day Care Subsidy program is to assist low income families to pay for day care costs while working, attending school or having special needs (such as a handicapped parent or a child with special needs). The amount of subsidy is based on net family income and family size. The maximum monthly subsidy benefit was $175.00 for the first child and $215.00 for each additional child for full-time day care and $80.00 for the first child and $120.00 for each additional child for after-school care. Payment of the subsidy is made from the central office directly to the operator of a qualified facility where eligible children are in care.

In 1981-82, an average of 6,917 children were provided care in subsidized placements. A statistical breakdown follows:

| | Day Care Centre | Family Day Home | After School | Total |
|---|---|---|---|---|
| Part-time | 162 | 26 | 15 | 203 |
| Full-time | 5,248 | 884 | 582 | 6,714 |
| **Total** | **5,410** | **910** | **597** | **6,917** |

As of September, 1981, the majority of after-school care was transferred to municipal jurisdictions such as the cities of Edmonton and Calgary. Where municipalities did not take over after-school care, children remained subsidized by the province. Further statistics appear on pages 20 and 21.

## Special Investigation Unit

This Unit carries out investigations of reported or suspected abuse or fraud on the part of recipients of Income Security Program benefits. Suspected forgery of cheques is also investigated.

During 1981-82, 707 cases were investigated. Of this total, 127 cases were carried over from 1980-81 and 138 investigations continued into 1982-83. Assistance was terminated in 165 cases; overpayments determined in 118 cases (includes six convictions for fraud); and 286 cases showed further investigation was unnecessary. An additional 42 cases were investigated.

## Appeals

Appeals committees, located throughout the province, are established to provide hearings for applicants to Income Security programs who are not satisfied with departmental actions or decisions regarding entitlements to benefits.

In 1981-82, appeal committees considered 2,239 appeals. Of this total, 1,714 decisions were reversed or varied and 525 decisions were confirmed. This is an increase of 906 appeals over the same period last year. Also, 321 AISH appeals were heard with 174 decisions reversed or varied and 147 decisions confirmed. This amounted to a slight increase of 14 appeals from the previous year. Statistics on the reasons for appeal follow:

**Reasons For Appeals**

| | Social Allowance | AISH |
|---|---|---|
| Refused Social Allowance or AISH | 637 | 292 |
| Cancellation of Social Allowance | 70 | - |
| Inadequate Social Allowance | 1,369 | - |
| Other reasons | 163 | 29 |
| **Total** | **2,239** | **321** |

Appeals for Social Allowance were up by 906 (68 per cent) in 1981-82 compared with 1,333 appeals in 1980-81. This increase can be attributed to higher shelter costs.

# REHABILITATION SERVICES

Rehabilitation Services is responsible for a variety of programs to assist handicapped and disadvantaged Albertans towards independence. There are four program areas in the unit: Employment Opportunities Program, Temporary Employment Programs, Employment Skills Program and Vocational Services Program. The Opportunity Corps Program, previously administered by this branch, was transferred to Advanced Education and Manpower during April 1982.

## Employment Opportunities Program

This program provides assessment, counselling, employment preparation and placement services to assist individuals secure employment or training leading to employment. The program operates through fifty employment counsellors working in district social services offices throughout the province. Individuals requesting employment services or those required by policy to seek work, are referred to an employment counsellor who helps them find jobs, identify career goals or provide access to training or group counselling to work out employment-related problems.

The average caseload for 1981-82 was 3,500 clients per month, however, there was an increase in February and March to 3,700 and 4,100 respectively. Services were provided to 14,473 clients. Of these, 456 were non-social allowance clients (i.e., other referral sources within the Department). Handicapped persons (physically disabled, mentally ill or mentally retarded) accounted for 20 per cent of the total (down from 23 per cent in 1980-81). Of the non-handicapped totals, 63.3 per cent were on social allowance because they had dependent children (a decrease of less than one per cent from 1980-81). Individuals designated "unemployed-employables" accounted for 25 per cent of the total caseload. Program activities are recorded in the Table on page 22.

## Temporary Employment Programs

Rehabilitation Services Programs was responsible for the coordination and use of the Summer Temporary Employment Program (S.T.E.P.) and the Priority Employment Program (P.E.P.) in the Department. These programs were funded by Advanced Education and Manpower.

## Employment Skills Program

The Employment Skills Program (E.S.P.) provides social allowance recipients with short-term work experience opportunities in provincial government departments throughout Alberta. The persons involved in this program are willing to work, but are hard to place competitively because they lack skills or a recent work record.

The program is managed and operated through the Employment Opportunities Program by special counsellors assigned to E.S.P. The projects are funded by Advanced Education and Manpower (wages) and Social Services and Community Health (staff and administration costs).

## Vocational Services Program

The Vocational Services Program operates throughout Alberta to assist handicapped persons achieve their highest potential and prepare for gainful employment. Programs are managed and directed by local non-profit organizations. Operational funding and consultative services to assist these local agencies deliver high quality training is provided by the Vocational Rehabilitation Branch.

Programming is carried out at the following four levels: activity level, vocational training, vocational rehabilitation and work activity.

During 1981-82, the Vocational Rehabilitation Branch provided training, through community agencies, to 2,156 handicapped adults. Community agency funding was substantially increased in 1981-82 so these agencies could remain competitive with government in retaining and attracting employees.

# SERVICES FOR THE HANDICAPPED

The goal of Services for the Handicapped is to ensure that a wide range of community services are available and accessible for mentally retarded, physically and sensory disabled persons in Alberta.

The major program areas in 1981-82 were as follows:

**Day Programs**

**Integrated Day Care** - A program to provide funds to balance the additional costs of day care for pre-school age children with handicaps. This program is provided through existing day care centres with supplementary Department funding. In 1981-82 there were 250 integrated day care spaces in the province.

**Specialized Day Care** - This program is intended to provide unique or severely handicapped pre-school age children with specialized day care programs. In 1981-82 there were 110 specialized spaces provided by non-profit societies with funding from the Department.

**Summer Programs** - Funds were provided to assist with the integration of severely handicapped pre-school and school age children into summer playground and activity programs. Municipal recreation boards and community non-profit agencies provided 424 program spaces in 1981-82. This program has been transferred to Alberta Recreation and Parks.

**Community Operated Residential Programs**

**Community Resident Program** - Non-profit societies, funded by the Department, operate small, community-based residences to assist mentally retarded or physically disabled persons in their development toward greater independence, by providing room and board, supervision and skill-development activities. There were 954 spaces available in 1981-82.

**Approved Home Program** - This program provides handicapped adults with supervised, private home based living options and life skills training. The goal is to assist these persons to develop sufficient independence to live in a less restrictive residential setting. Approved home projects operated by non-profit societies and funded by the Department provided 242 spaces in 1981-82.

**Program Workers** - This program is intended to increase the self help and independent living skills of mentally handicapped persons by working directly with the person or assisting parents, residential or day program staff in implementing individual programming. In 1981-82 there were 52 program workers employed by non-profit associations with funding by the Department.

### Department Operated Residential Services

Residential accommodation with treatment and training is provided through several department operated comprehensive service programs. These programs include the following: Resources for the Dependent Handicapped, Baker Centre, Wetaskiwin Centre, Eric Cormack Centre, Rosecrest Home, Behavioural Services and Michener Centre. The total spaces for these programs was 2,075.

### Branch Field Office Operations

Regional field offices, reduced from seven to six with the amalgamation of the Medicine Hat and Lethbridge offices, provide general assessment, referral and admission services to handicapped adults. They also provide consultation, program expertise and resource development assistance to local communities and agencies to insure the availability and accessibility of services for handicapped persons in each region. Field services are provided by Department staff.

## FAMILY MAINTENANCE AND COURT SERVICES

The two principal objectives of Family Maintenance and Court Services are:

- the collection of maintenance from persons who are responsible for supporting their dependents.
- the provision of assistance to family members in resolving domestic disputes.

Almost 80 per cent of all Family Relations clients are served by staff in two specialized district offices in Edmonton and Calgary. Smaller urban centres have specialized units and rural offices have specialized workers or workers who have responsibility for the Family Relations program as part of a diversified caseload. All services are provided across the province with the exception of the Family Conciliation Service which remains restricted to Edmonton.

A number of subprograms are carried out by Family Maintenance and Court Services. These subprograms are:

Maintenance - Separated/Divorced Persons;
Maintenance - Children of Unmarried Parents;
Maintenance - Children in Care;
Court Service;
Family Conciliation Service;
Custody Investigations; and
Overpayment/Repayment.

Highlights for 1981-82 include a drop in caseload size and an increase in collections for the two subprograms, Maintenance - Separated/Divorced Persons and Maintenance - Children of Unmarried Parents.

Statistics for Family Maintenance and Court Services appear on page 23.

## OFFICE OF THE PUBLIC GUARDIAN

The Office of the Public Guardian develops and promotes guardianship programs for adults incapable of making personal decisions for themselves. Guardians, both public and private, act as substitute decision-makers for Dependent Adults in accordance with the Dependent Adults Act. The Act provides a legal means of support for adults whose disabilities put them in danger of being neglected, abused or victimized. Decisions must be made in the best interests of the Dependent Adult and are regularly reviewed by the Courts. The Court of Queen's Bench, which hears all issues dealing with Dependent Adults, must be satisfied that the individual is not capable of caring for himself, cannot make responsible judgement in respect to any or all personal matters, and is in need of a guardian. The Public Guardian assists the Court by ensuring that relevant information regarding the Dependent Adult is brought before the Court for consideration.

The Public Guardian also assists private individuals to obtain Guardianship Orders. In addition, the regional representatives initiate applications for guardianship in cases where a private citizen is not willing, able or suit-

able to initiate an application.

During the 1981-82 fiscal year the branch:

- assisted 291 private individuals to present guardianship applications,
- prepared 1,218 applications for presentation by Crown solicitors,
- deferred action on 191 applications because investigations revealed that guardianship was not necessary,
- undertook 30 investigations relating to allegations of abuse in respect to Dependent Adults.

A total of 1,111 Guardianship Orders were issued by the Court. Private guardians were appointed in 767 cases while the Public Guardian was appointed in the remaining 344. The branch also undertook 108 reviews of guardianship orders, of which 8 orders were discharged and the remaining 100 were continued. A total of 36 private solicitor reviews were also examined.

Amongst private guardian appointments, partial guardianship was ordered in 672 cases, while 95 applications involved plenary (or full) guardianship. All 344 orders issued, which named the Public Guardian as guardian, were for partial guardianship. This is consistent with the Dependent Adults Act which demands that the least restrictive form of guardianship be sought.

On July 28, 1981 amendments were passed to the Dependent Adults Act. The central focus of these amendments was Compulsory Care (which came into effect October 1, 1981). Compulsory Care is a means of ensuring the protection and treatment of a Dependent Adult when it is clear that the individual presents a danger to himself or others.

A greater emphasis has also been placed on community involvement in the delivery of guardianship processes. The roles of both private citizens and agencies should be strengthened by the development of a Guardianship Advisory Committee. This Committee will be available to assist the Public Guardian on ethical issues and increase involvement of private agencies in guardianship programs. This change in the level of participation will commence in 1982-83.

A backlog of nearly 6,000 applications for guardianship resulted in the preparation and passage of a Request for Decision to Cabinet to provide new staff to the Office of the Public Guardian. The backlog will be diminished to some degree by a decision of the Treasury Board that the payment of these private solicitor costs is the responsibility of Social Services and Community Health. This provides greater encouragement for private citizens to have their applications completed through their own private solicitor since the Office of the Public Guardian can now pay total costs if the Court rules that it would be a hardship to the private citizen or the proposed Dependent Adult. To date, the Office of the Public Guardian has completed nearly 75 per cent of all applications made to the Courts.

A complete statistical outline of applications, order, reviews and investigations related to the performance of the Office of the Public Guardian in 1981-82 appears on page 24.

# CHILD WELFARE/ CHILDREN'S SERVICES PROGRAMS

The Child Welfare Act of Alberta requires the Director of Child Welfare to investigate all reports of children whose safety and well-being is not assured. The Act further requires the Director to provide services and, where necessary, assume responsibility for the physical care of children. During the reporting period, the Child Welfare/Children's Services Programs provided services to more than 17,000 children.

Child Welfare programs are delivered in the six regions through the district offices. While some programs such as adoptions are delivered by specialized units, child care workers deliver a number of child welfare programs and other departmental services through the district offices.

Responsibility for negotiating agreements for the provision of community services to assist children and their families, responsibility for negotiating contracts/grants to provide residential treatment services for children under the care of the Director of Child Welfare, and specialization in the recruitment, training and support of foster parents are carried out by regional staff.

The efforts of caseworkers are assisted by community agencies who support the Department objective in protecting and assisting children and families.

## Child Protection

The Director of Child Welfare is required, under part 2 of the Child Welfare Act, to investigate all complaints of child neglect or abuse and to provide support services to children and their families. Child Protection strives to maintain children with their families, but provides for the removal of children if the circumstances are judged to place the children at risk. While the primary focus of the program is protection of the child, the child's family may also receive services from the program.

In 1981-82, 14,254 alleged, unconfirmed reports of child abuse or neglect were reported to the Child Protection Registry. This figure and the following statistical

breakdown remain at the same level as 1980-81.

**Reports of Neglect or Abuse**

| | |
|---|---|
| Children allegedly neglected | 11,822 |
| Children allegedly abused | 2,432 |
| **Total** | 14,254 |
| Sub-total children allegedly physically abused | 2,072 |
| Sub-total children allegedly sexually abused | 360 |

## Community Resources

Community Resources provides community-based services to children and their families when a child is in need of protection, a family requests services, or services are required to maintain a child in a placement which is the least restrictive alternative. The focus is on keeping children in their families or returning children to their families or supervising youth under probation orders.

The majority of the 53 community intervention programs operating during the 1981-82 fiscal year provided community youth workers, probation services, supervised restitution orders, or recreation programs to "high risk" populations.

## Custody by Agreement

This program enables parents to voluntarily and temporarily relinquish care of their child to the Director of Child Welfare for a specific time period. The program is for parents who, through circumstances beyond their control, are temporarily unable to care for their children, rather than proceed to court to show neglect.

## Handicapped Children's Services

This service is designed to assist parents with those costs incurred due to the child's handicap when absence of assistance would otherwise prevent the parents from accessing resources to enable the child to develop to their full potential. It is considered a preventative program promoting care of handicapped children within their own homes rather than in institutions.

## Family Support

Family Support provides support and/or services to a family for the purpose of supporting and maintaining the family unit and avoiding conditions which would otherwise mean the removal of the child from the home. This program is used extensively by district offices to provide support services to families (home-makers, transportation, counselling) as a form of early intervention in cases where circumstances potentially could result in children being apprehended.

## Supervision Orders

This program provides supervision of a child by the Director of Child Welfare while the child remains under the custody and guardianship of the parents. It is considered as a means for the Director to maintain authority over a family situation where the Court is concerned for the welfare of the child, but does not feel there is evidence requiring the child to be separated from the parents.

## Temporary Wardship

Temporary Wardship provides for the transfer of the guardianship of a child for a temporary period (up to 12 months) to the Director of Child Welfare while efforts are made to remedy the situation to reunite the child and parents.

## Permanent Wardship

This program involves a disposition made by the Court of Queen's Bench which permanently transfers the guardianship of a child to the Director of Child Welfare. This disposition enables the child to be placed for a ward adoption, or allows other permanent plans to be made for the child.

## Temporary Ward-Juvenile Delinquents Act

Services are provided to young offenders under the age of 16 years who have been charged under the Juvenile Delinquents Act. These services include detention, probation, supervision, and care and treatment.

## Residential Resources

This program is a continuum of residential services designed to provide treatment programs for children in the care of the Director. It includes government group homes, contracted group homes, residential treatment facilities (institutions), and the operation of six regional placement committees who are responsible for approving all placement applications from workers. Residential Resources provides a compulsory care program for children who present a danger to themselves and/or others and who are suffering from emotional/behavioural disturbances.

## Surrender and Indenture

This program is provided for parents who are incapable or who have no desire to provide guardianship to their

child. Surrender and Indenture assist these parents in voluntarily relinquishing permanent guardianship of the child to the Director of Child Welfare.

## Ward Adoption

This program provides adoptive homes for children committed to the permanent care of the Director of Child Welfare. Services are provided to individuals or couples who wish to adopt, and adoptees, birth parents, and adoptive parents requesting social and medical background information are also provided by the Child Welfare Branch.

View to Adopt placements into adoptive homes are of Permanent Ward status pending the conclusion of the six month trial period before the adoption is finalized. A total of 768 ward adoptions were completed in 1981-82.

## Non-Ward Adoptions

Non-Ward Adoptions serves persons who wish to establish a legal parental tie, through adoption, with a specific child, residing with them or known to them. A total of 907 non-ward adoptions were completed in this program in 1981-82.

Child Welfare/Children's Services Program highlights in 1981-82 were realized in the following areas:

Staffing:

- Commenced basic training program for child welfare staff in child protection and established a system of bursaries for staff.
- Cross-country recruitment for social workers.

Program Standards/Procedures:

- Produced a procedural manual for child welfare programs which includes program standards for foster care and child protection.

Hot Line Service:

- Crisis Zenith Line for child protection improved (24 hour basis) through computer terminal installation and additional staffing.
- "Stick Up for a Kid" child abuse advertising campaign to develop public awareness.

Program Objectives:

- Trend towards earlier intervention to meet the needs of children and families resulting in a decrease of the number of children in long term care of the Director of Child Welfare.

Statistical highlights appear on page 25 of this report.

# SOCIAL ALLOWANCE PROGRAM

**Total Cases (Families and Singles)***

In 1981-82, the number of cases receiving Social Allowance increased by 5.2 per cent (1,550 from the previous year). This resulted in an average monthly caseload of 31,561 (9,900 single, 21,660 families) compared with 30,010 in the previous year.

The characteristics of, and changes in, the caseload for the reporting period are illustrated in the figures which are shown on the pages which follow. Commentaries on the figures appear in the text on this page.

**Figure 1 (opposite page)**
**Social Allowance Caseload, by Category**

**Figure 1** shows that the average monthly caseload for people aged 60 years and over was 3,258 in 1981-82, a 9.8 per cent decrease from 1980-81. The major portion of the decrease may be attributed to transfers to the AISH program. Severely handicapped persons receive higher benefits under this program to compensate for handicapped related expenses. A continuing but less major factor was improved coverage for seniors by CPP and private pension plans.

**Figure 2 (pages 12 and 13)**
**Persons With Dependent Children**
**(Single Parents)**

The single parent average monthly caseload increased by 967 cases or 7.3 per cent over the previous year, to 14,165 cases. This reversed a trend of steady decline since April 1978, the results of encouraging single parents to seek employment and a general tightening of administration. The 1981-82 reverse trend may be due to inflation which increased from an average rate of 11.3% in 1980-81 to 12.7% in 1981-82 in Alberta. This hits most heavily in their ability to pay rent.

The number of single parents employed full time on Social Allowance increased by 28.1% according to the June 1981 figures, from 1,532 to 1,962. Such families receive a supplement to the single parents paycheque.

**Figure 3 (page 14)**
**Physically Handicapped**

The 1981-82 average monthly caseload was 6,236, an 8.3 per cent increase from 1980-81. This is due mainly to:

- persons applying for AISH and receiving Social Allowance while waiting, or if rejected.
- a levelling off of the effects of administrative tightening of April, 1978.

**Figure 4 (page 14)**
**Mentally Handicapped**
**(Mentally Ill Health and Retardation)**

The average monthly caseload for the mentally handicapped decreased by 16.6 per cent in 1981-82 to 1,467 cases. This was due to transfers of cases to the AISH program.

**Figure 5 (page 15)**
**Employables and Unsuitables for Employment**

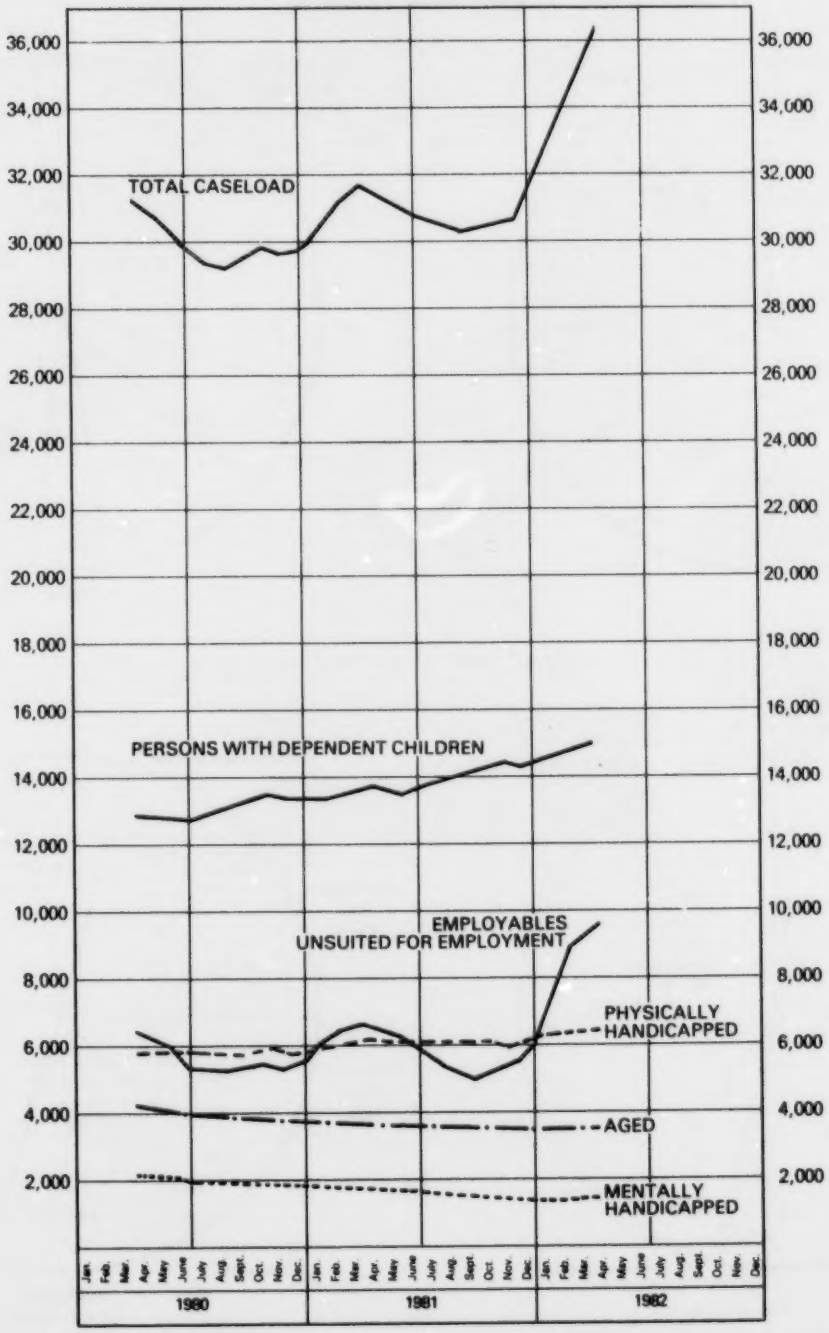
The employable caseload increased by 13.5 per cent in 1981-82 to 6,435 cases. Of this total, 5,727 cases were employables and 708 cases were unsuitable for employment. The employables caseload increased due to a higher rate of inflation and increasing unemployment rate. The unsuited for employment caseload decreased mainly due to transfers of cases to the AISH program.

*Excludes monthly average of 1000 cases receiving Guardian Social Allowance.

## SOCIAL ALLOWANCE PROGRAM

**Figure 1**

**Social Allowance Caseload, by Category**

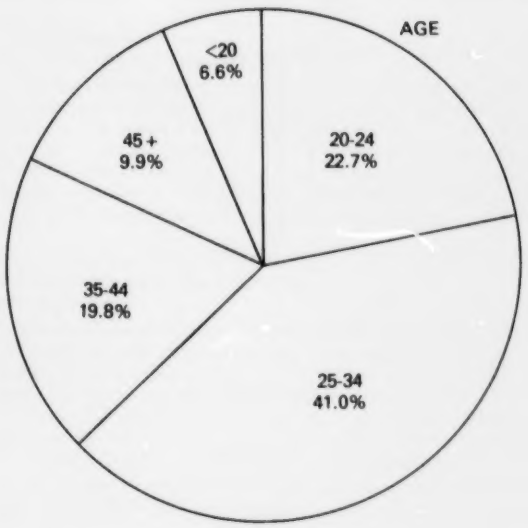


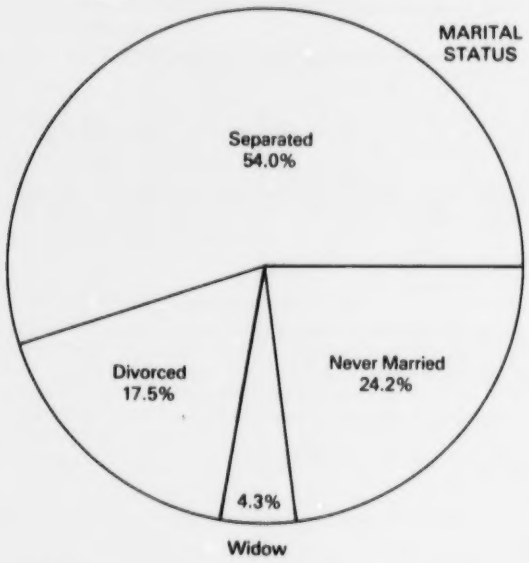
# SOCIAL ALLOWANCE PROGRAM

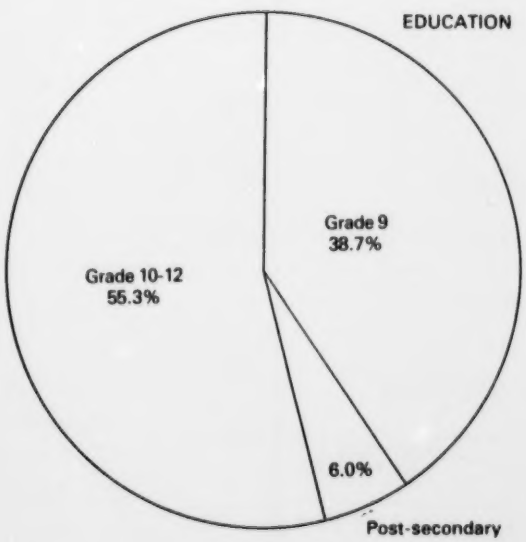
**Figure 2**

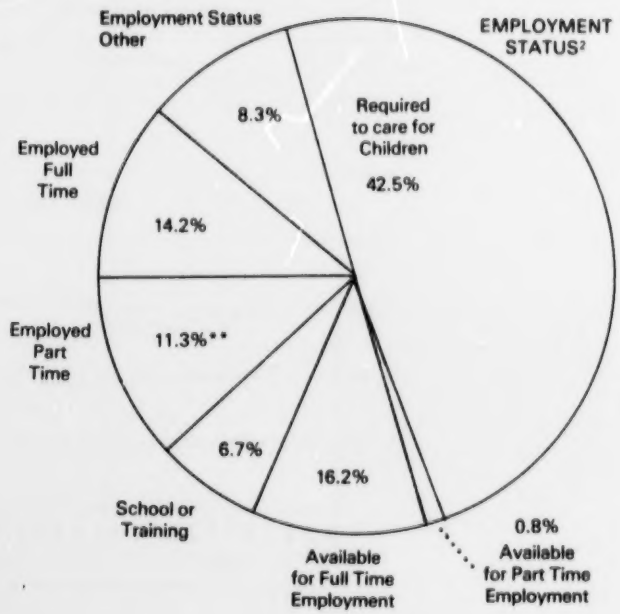
**Characteristics of Single Parents[1]**

N = 13,771*
June, 1981



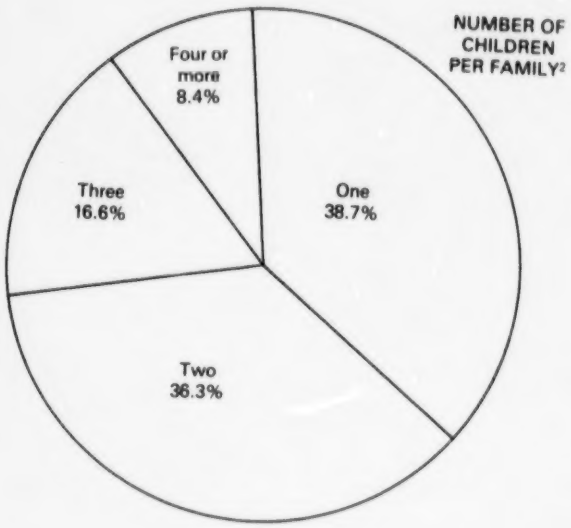

* Total number of dependents for single families: 27,306
** 42.6 of these seeking full time employment.

# SOCIAL ALLOWANCE PROGRAM

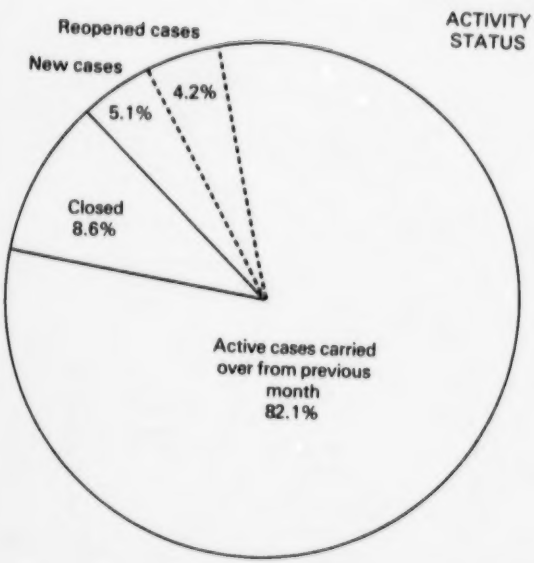
## Figure 2

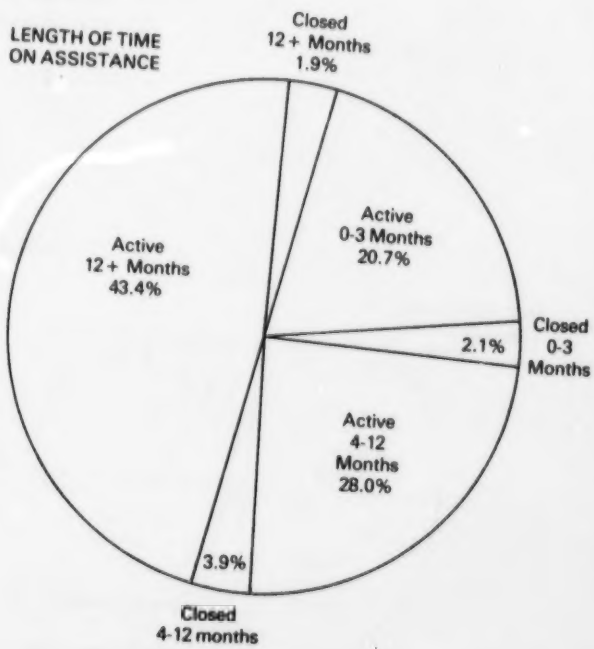
## Characteristics of Single Parents (continued)

### A. Active Cases Only[1]



### B. Active and Closed Cases[3]



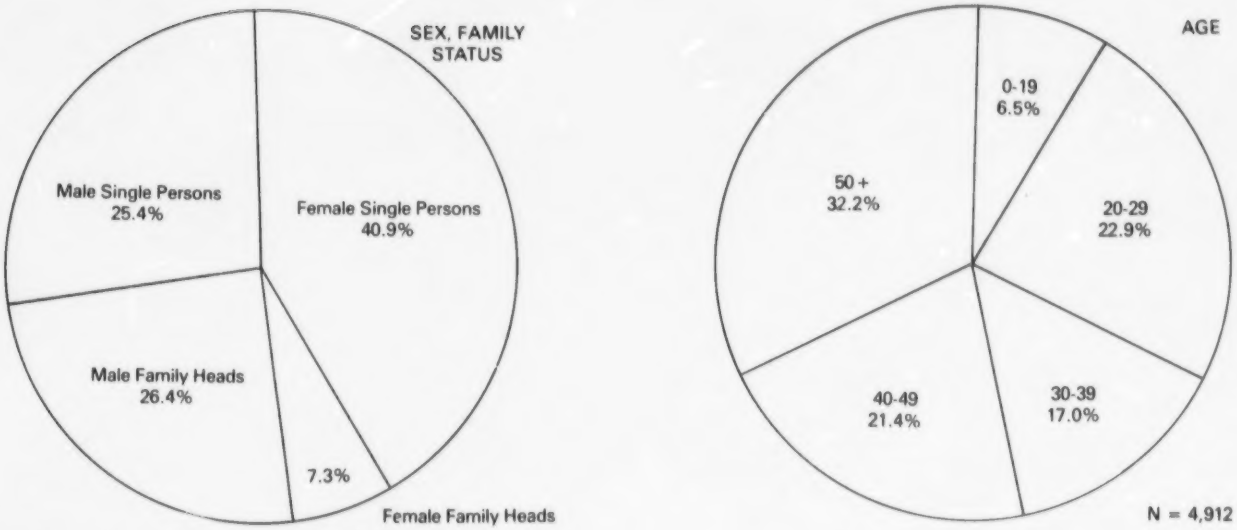




1. The number of single parents in June 1981 totalled 13,771.
2. The number of dependents in single parent families totalled 27,306.
3. Active and Closed Cases totalled 14,950.

## SOCIAL ALLOWANCE PROGRAM

**Figure 3**

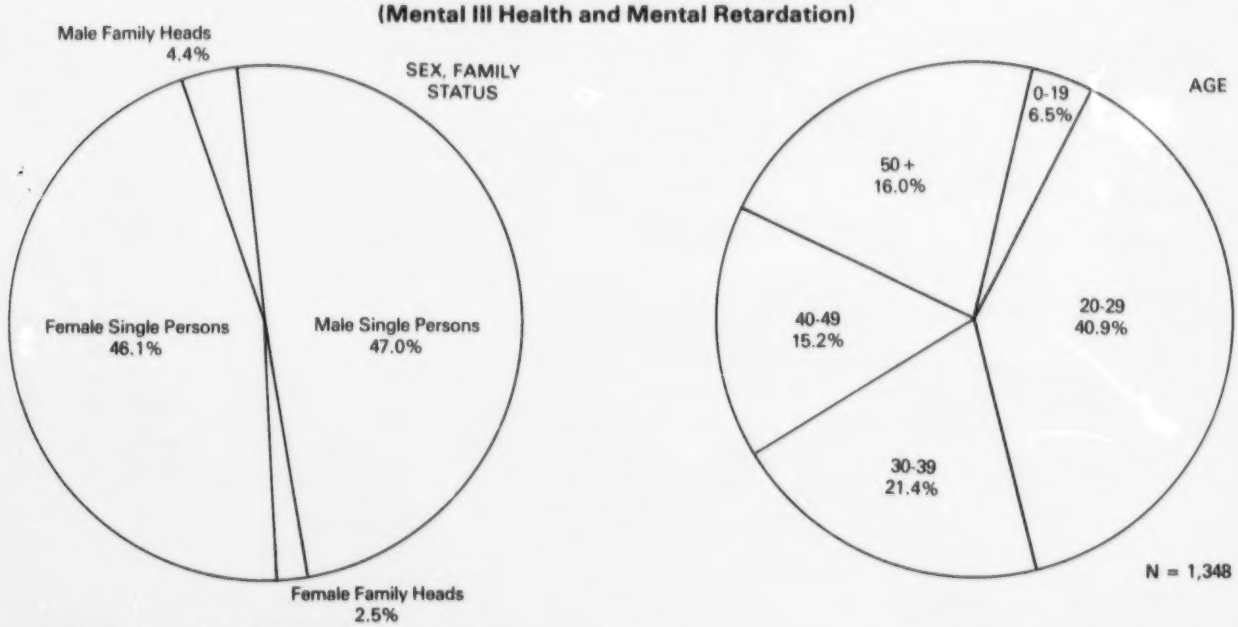
**Characteristics of Physically Handicapped People[1]**




1. Physically handicapped people in June 1981 totalled 6,118.

**Figure 4**

**Characteristics of Mentally Handicapped People[1]**
**(Mental Ill Health and Mental Retardation)**



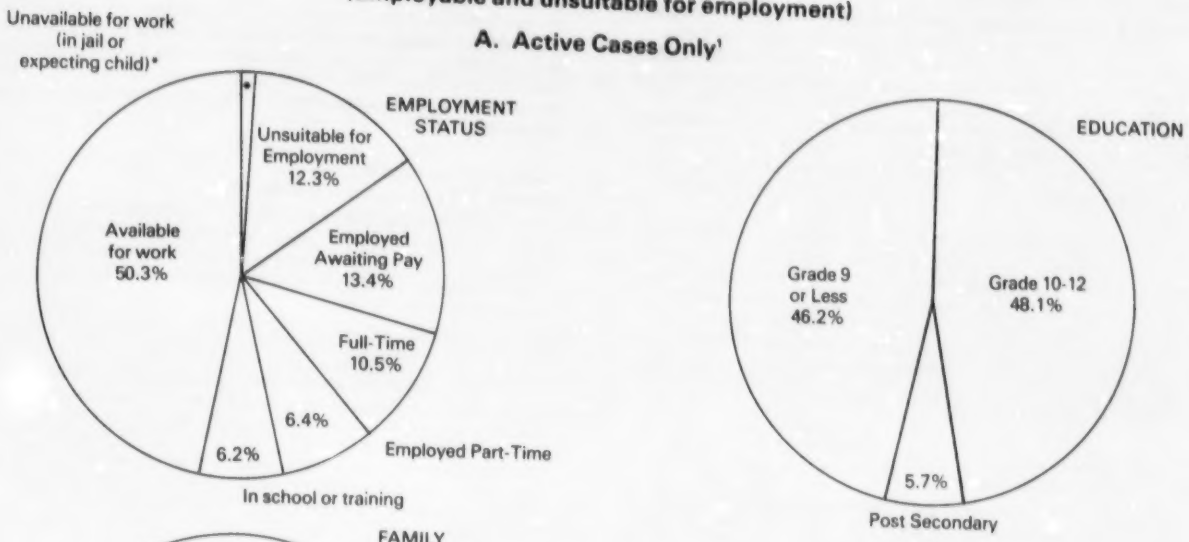

1. Mentally handicapped people in June 1981 totalled 1,495.

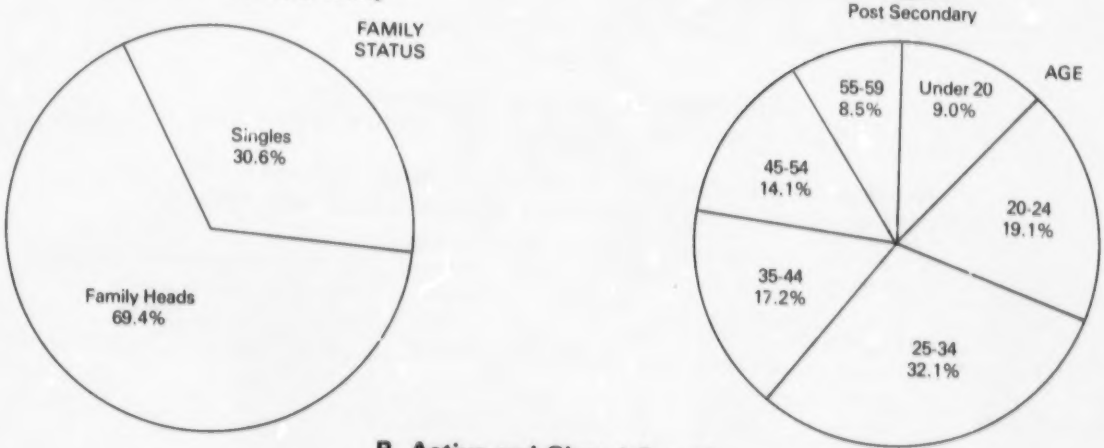
## SOCIAL ALLOWANCE PROGRAM

**Figure 5**

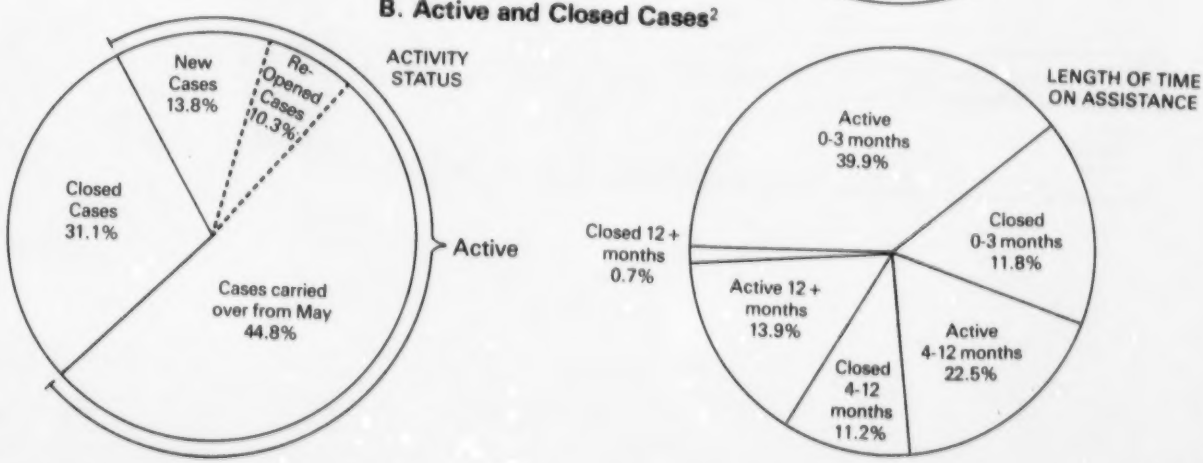
**Characteristics of Employables**
**(Employable and unsuitable for employment)**

### A. Active Cases Only[1]




### B. Active and Closed Cases[2]




1. Number of cases in June 1981 totalled 5,784.
2. Number of cases in June 1981 totalled 7,585.

# PENSION BENEFITS FOR SENIOR CITIZENS
# THE ALBERTA ASSURED INCOME PLAN

**Table 1**
**Maximum Monthly Benefits**

**Table 1** shows the average monthly maximum amounts of federal and provincial benefits for senior citizens during the reporting period.[1] Pensioners received a federal Old Age Security (OAS) pension averaging to $218.13 per month. In addition, pensioners with limited income from other sources received benefits from the federal Guaranteed Income Supplement (GIS) and from the Alberta Assured Income Plan (AAIP). Both GIS and AAIP payments are reduced with increasing income from sources other than OAS. These payments also vary with marital status and with a spouse's eligibility for OAS or for Spouse's Allowance.

During the reporting period, the average maximum monthly GIS payment was $219.00 for a single pensioner, and $337.70 for a two-pensioner couple. The average maximum monthly AAIP payment was $85.00 for a single pensioner, and $170 for a two-pensioner couple. In total, the two levels of government guaranteed an average minimum monthly income of $522.13 for a single pensioner, and $943.96 for a two-pensioner couple. These income levels represent an increase over the previous year of 16.5 per cent for a single pensioner, and 15.6 per cent for a two-pensioner couple.

**Table 2 (opposite page)**
**Recipients by Marital Status**

**Table 2** shows the number of AAIP recipients by marital status and by major categories of benefit. Of the 81,270 AAIP recipients, 54.0 per cent were single, widowed or divorced; 46.0 per cent were married.

The total number of recipients increased only 0.2 per cent over the previous year's total of 81,100 in spite of a 5.2 per cent increase in the total population of senior citizens in the province.[2] The proportion of recipients receiving maximum benefits decreased by -7.4 per cent. Part of a continuing trend, the small increase in the total number of recipients and the decrease in the proportion receiving maximum benefits, indicates that more senior citizens were deriving income from other sources such as the Canada Pension Plan and private pensions from former employment.

**Table 3 (opposite page)**
**Recipients by Geographic Distribution**

**Table 3** shows the distribution of AAIP recipients in the province. Only 40.1 per cent resided in Calgary and Edmonton, although the two cities housed 46.1 per cent of the province's aged population.[3] This indicates a higher concentration of low income senior citizens in non-metropolitan areas.

[1] The benefits for both OAS and GIS increased at the beginning of each quarter. The figures presented here represent the average maximum benefits paid during the year. The details of federal OAS and GIS and Spouse's Allowance are described in the Glossary on page 1.

[2] The number of senior citizens (65 + ) in Alberta in the 1981 Census was 163,390. According to the Alberta Bureau of Statistics Population Projections (Series 5), the senior citizen population was expected to increase to 166,300 in 1982.

[3] Source: 1981 Census.

## Table 1

## Average Monthly Benefits Payable from OAS, GIS and AAIP by Marital Status, and Comparing the Years 1981-82 with 1980-81

| | Federal | | Provincial | Average Federal + Provincial | | |
|---|---|---|---|---|---|---|
| | | | | Maximum Monthly Benefit | | % |
| Marital Status | OAS | Maximum GIS | Maximum AAIP | 1981-82 | 1980-81 | Change |
| Single, Widowed, Divorced | $218.13 | $219.00 | $ 85.00 | $522.13 | $448.24 | 16.5 |
| Married: | | | | | | |
| Two-Pensioner Couples | | | | | | |
| Each | 218.13 | 168.85 | 85.00 | 471.98 | 408.36 | 15.6 |
| Total | 436.26 | 337.70 | 170.00 | 943.96 | 816.72 | 15.6 |
| One-Pensioner Couples | | | | | | |
| With No Spouse's Allowance | 218.13 | 219.00 | 85.0 | 522.13 | 448.24 | 16.5 |
| With Spouse's Allowance | | | | | | |
| Head | 218.13 | 168.85 | 85.0 | 471.98 | 407.86 | 15.7 |
| Spouse | 218.13 | 168.85 | * | 386.98 | 340.36 | 13.7 |
| Total | 436.26 | 337.70 | 85.0 | 858.96 | 748.22 | 14.8 |

* Recipients of Spouse's Allowance were not eligible for the Alberta Assured Income Plan

# PENSION BENEFITS FOR SENIOR CITIZENS THE ALBERTA ASSURED INCOME PLAN

## Table 2

### Average Monthly Recipients of AAIP, by Marital Status Group and Levels of Benefit

| Marital Status Group | Maximum Benefit | | Partial Benefit | | $10 Minimum | | Total | |
|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % |
| Single, Widowed, Divorced | 14,381 | 32.8 | 26,642 | 60.7 | 2,891 | 6.6 | 43,914 | 54.0 |
| Married: | | | | | | | | |
| Two-Pensioner Couples | 3,616 | 12.3 | 24,706 | 84.3 | 995 | 3.4 | 29,317 | 36.1 |
| One-Pensioner Couples | | | | | | | | |
| With No Spouse's Allowance | 1,044 | 34.4 | 1,479 | 48.7 | 515 | 17.0 | 3,038 | 3.7 |
| With Spouse's Allowance | 412 | 8.2 | 4,497 | 89.9 | 92 | 1.8 | 5,001 | 6.2 |
| Total Married | 5,072 | 13.6 | 30,682 | 82.1 | 1,602 | 4.3 | 37,356 | 46.0 |
| **Total 1981-82** | 19,453 | 23.9 | 57,324 | 70.5 | 4,493 | 5.6 | 81,270 | 100.0 |
| **Total 1980-81** | 21,011 | 25.9 | 53,355 | 65.8 | 6,734 | 8.3 | 81,100 | 100.0 |
| Change From 1980-81 to 1981-82 | -1,558 | -2.0 | +3,969 | +4.7 | -2,241 | -2.7 | +170 | |
| Percentage Change from 1980-81 | | -7.4 | | +7.4 | | -33.3 | | +0.2 |

## Table 3

### Recipients of AAIP, by Marital Status, for Cities of 30,000+ Population and the Rest of the Province March 1982

| | Single, Widowed or Divorced | | Married Couple Two-Pensioners | | Married Couple One Pensioner Without Spouse's Allowance | | Married Couple One Pensioner With Spouse's Allowance | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | # | % | # | % | # | % | # | % | # | % |
| Calgary | 8,789 | 20.3 | 4,763 | 16.1 | 425 | 13.9 | 698 | 13.9 | 14,675 | 18.1 |
| Edmonton | 10,595 | 24.5 | 5,839 | 19.7 | 503 | 16.5 | 873 | 17.3 | 17,810 | 22.0 |
| Lethbridge | 1,649 | 3.8 | 1,283 | 4.3 | 90 | 2.9 | 171 | 3.4 | 3,193 | 3.9 |
| Medicine Hat | 1,264 | 2.9 | 1,019 | 3.4 | 102 | 3.3 | 185 | 3.7 | 2,570 | 3.2 |
| Red Deer | 703 | 1.6 | 460 | 1.6 | 43 | 1.4 | 92 | 1.8 | 1,298 | 1.6 |
| Rest of Province | 20,213 | 46.8 | 16,307 | 55.0 | 1,889 | 61.9 | 3,017 | 59.9 | 41,426 | 51.2 |
| **Total*** | 43,213 | 100.0 | 29,671 | 100.0 | 3,052 | 100.0 | 5,036 | 100.0 | 80,972 | 100.0 |

* Total excludes cases with no postal code.

# ASSURED INCOME FOR THE SEVERELY HANDICAPPED

The Alberta Assured Income for the Severely Handicapped (AISH) was implemented in December, 1979 to assist severely handicapped individuals with low income. On meeting AISH's medical criteria, handicapped people are eligible for one of three types of AISH:

1. An income-tested regular AISH benefit that pays a maximum of $552 per month payable to clients living in the community. An earning exemption is allowed: $150 for single persons and $705 for couples. Each dollar of additional earnings reduces the benefit by 75 cents.
2. A maximum modified AISH benefit of $52 payable to handicapped persons residing in nursing homes, auxiliary hospitals and designated facilities. This is in addition to the cost of care which is provided through AISH and other programs.
3. For severely handicapped people receiving Social Allowance, supplementation to regular AISH benefits of $552 provides $52 in excess of Social Allowance needs. This is a group whose financial needs could not be met by regular AISH benefits, largely due to having dependents.

**Table 4**
**Types of Benefits**

**Table 4** indicates the average monthly number of recipients receiving AISH by type of benefit during 1981-82. Of the 8,202 cases, a majority of 6,138 (74.8 per cent) received regular AISH benefits. A smaller group of 1,408 (17.2 per cent) received a Social Allowance supplement to AISH. The remaining 656 (8.0 per cent) received the $52 modified AISH benefit.

**Table 5**
**Primary Medical Problems**

**Table 5** shows the primary medical problems of AISH recipients. More than one quarter of the group suffered some form of neurological impairment and a further 21.5 per cent were mentally retarded. A lower 12.5 per cent had a locomotor handicap and 10.4 per cent had a psychiatric impairment. The remaining 29 per cent listed other medical disorders such as cardiovascular diseases, respiratory and sensory problems.

**Figure 6 (opposite page)**
**Characteristics of Recipients**

**Figure 6** presents other key characteristics of AISH recipients. The following is a summary of these characteristics.

Of the 8,202 recipients receiving AISH in 1981-82:

- 80.9 per cent were single persons; 19.1 per cent were living with a spouse or children.
- the caseload split evenly into males and females;
- the age distribution indicates a much higher dependency of older age groups. Although representing only 11.3 per cent of the adult population,* people aged 50-64 years comprised 49.0 per cent of the total AISH caseload. Very few applications were from people 65 years of age or over because of coverage by federal and provincial pension and supplement programs;
- about three quarters of the clients listed more than one medical problem, 24.5 per cent listed two, and 50 per cent listed three or more.
- a majority (58.9 per cent) resided in rented or owned accommodations. A smaller group of 26.3 per cent was in room and board arrangements. Recipients of modified AISH residing in nursing homes, auxiliary hospitals, and designated facilities comprised 8.0 per cent of the total cases. The remaining 6.8 per cent resided in approved homes where room and board was provided with some services.
- only 17.4 per cent of AISH clients had labor force attachment; 5.8 per cent were fully employed, 8.0 per cent were employed part time, 2.7 per cent were looking for work and a low 0.9 per cent were in school or training.

* ABS, 1981 Census.

## Table 4

## Recipients by Type of Benefit Average Monthly Caseload

| Type of Benefit | # | % |
|---|---|---|
| Regular AISH $552 | 6,138 | 74.8 |
| Modified AISH (nursing homes, auxiliary hospitals and designated social care facilities - $52) | 656 | 8.0 |
| Social Allowance supplement to AISH | 1,408 | 17.2 |
| **Total** | **8,202** | **100.0** |

## Table 5

## Cases: Primary Medical Problem*

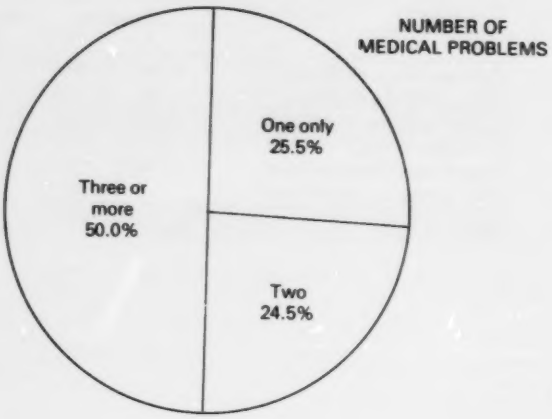
| Medical Problem | # | % |
|---|---|---|
| **Neurological** | | |
| Multiple sclerosis | 307 | 3.7 |
| Cerebral palsy | 418 | 5.1 |
| Epilepsy | 293 | 3.6 |
| Parkinsonism | 29 | 0.4 |
| Cerebrovascular diseases | 219 | 2.7 |
| Paralysis - other causes | 215 | 2.6 |
| Other neurological | 516 | 6.3 |
| Paralysis - accident | 223 | 2.7 |
| Subtotal: Neurological | 2,220 | 27.1 |
| **Locomotor** | | |
| Osteoarthritis | 399 | 4.9 |
| Degenerative disc disease | 157 | 1.9 |
| Arthritis | 334 | 4.1 |
| Fracture, dislocation | 74 | 0.9 |
| Amputation | 59 | 0.7 |
| Subtotal: Locomotor | 1,023 | 12.5 |
| **Psychiatric** | 855 | 10.4 |
| **Mental Retardation** | 1,766 | 21.5 |
| **Sensory** | | |
| Sight | 186 | 2.3 |
| Hearing | 46 | 0.6 |
| Other sensory | 7 | 0.1 |
| Subtotal: Sensory | 239 | 2.9 |
| **Others** | | |
| Respiratory | 331 | 4.1 |
| Cardio-vascular diseases | 564 | 6.9 |
| Others, including missing data | 1,204 | 14.7 |
| Subtotal: Others | 2,099 | 25.6 |
| **Total** | **8,202** | **100.0** |

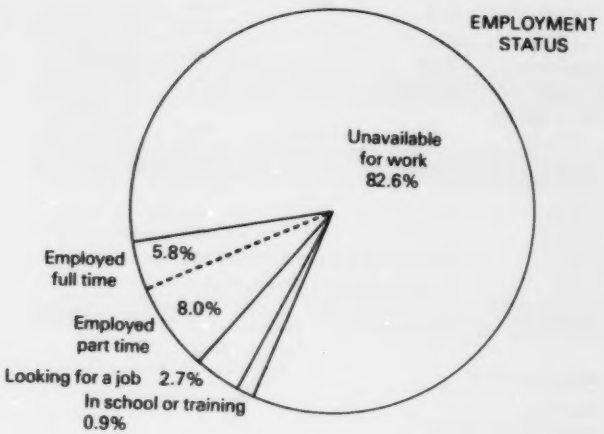
* This distribution represents the primary type of condition, not the total number of AISH cases with the condition. A high 70 per cent of the cases had multiple conditions.

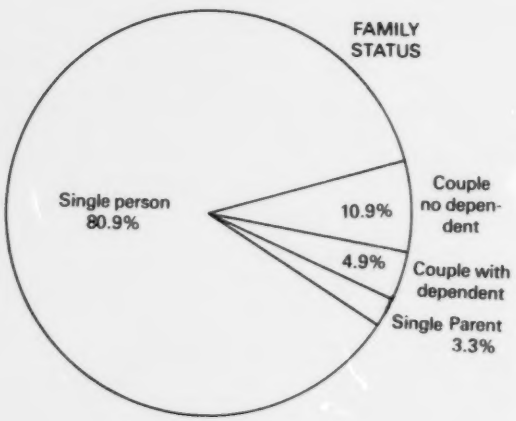
# ASSURED INCOME FOR THE SEVERELY HANDICAPPED (ASIH)

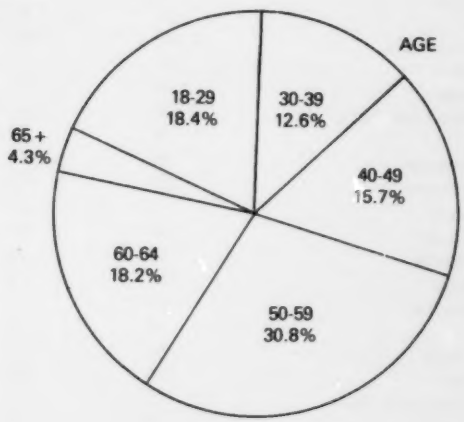
## Figure 6

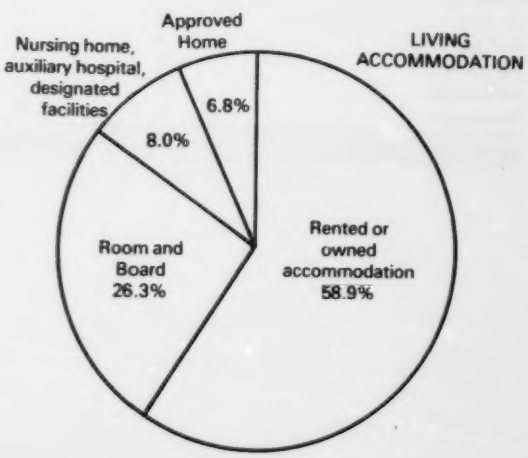
## Characteristics of Recipients





EMPLOYMENT STATUS
Unavailable for work 82.6%
Employed full time 5.8%
Employed part time 8.0%
Looking for a job 2.7%
In school or training 0.9%




LIVING ACCOMMODATION
Approved Home 6.8%
Nursing home, auxiliary hospital, designated facilities 8.0%
Room and Board 26.3%
Rented or owned accommodation 58.9%

# DAY CARE SUBSIDY

## Subsidy Program Growth To March 31, 1982

| | Participating Families | Subsidized Children In Care | | |
|---|---|---|---|---|
| | | Day Care | After School | Total |
| Edmonton | 2,040 | 2,345 | 1 | 2,346 |
| Calgary | 2,413 | 2,860 | 2 | 2,862 |
| Other District Offices | 1,231 | 1,505 | 14 | 1,519 |
| **Total** | **5,684** | **6,710** | **17** | **6,727** |

## Subsidized Children and Their Average Age by Type of Day Care

| | Children # | Children % | Average Age |
|---|---|---|---|
| Day Care Centre (Full Time) | 5,682 | 84.5 | 4.2 |
| Day Care Centre (Part Time) | 159 | 2.4 | 3.9 |
| Family Day Home (Full Time) | 848 | 12.6 | 3.0 |
| Family Day Home (Part Time) | 21 | 0.3 | 3.4 |
| After-School Care (Full Time) | 12 | 0.2 | 8.4 |
| After-School Care (Part Time) | 5 | 0.1 | 8.5 |
| **Total** | **6,727** | **100.1** | **3.8** |

## Families and Children in Subsidy Program

| District Office | Participating Families | Children In Day Care |
|---|---|---|
| Barrhead | 18 | 27 |
| Blairmore-Crowsnest | 6 | 11 |
| Bonnyville | 15 | 16 |
| Brooks | 28 | 38 |
| Calgary Foothills | 2,413 | 2,862 |
| Camrose | 43 | 60 |
| Drumheller | 48 | 55 |
| Edmonton Capilano Centre | 2,040 | 2,346 |
| Edson | 10 | 13 |
| Fort McMurray | 35 | 41 |
| Grande Prairie | 116 | 135 |
| High Level | 7 | 8 |
| High Prairie | 44 | 63 |
| Lac La Biche | 14 | 20 |
| Lethbridge | 296 | 375 |
| Medicine Hat | 126 | 147 |
| Olds | 10 | 11 |
| Peace River | 19 | 24 |
| Red Deer | 256 | 300 |
| Rocky Mountain House | 14 | 21 |
| Slave Lake | 20 | 28 |
| St. Paul | 13 | 15 |
| Stettler | 9 | 11 |
| Vermilion | 12 | 14 |
| Wainwright | 20 | 20 |
| Wetaskiwin | 52 | 66 |
| **Total** | **5,684** | **6,727** |

# DAY CARE SUBSIDY

## Families and Children in Program by Social Allowance Status

| | Families | | Children | |
|---|---|---|---|---|
| | # | % | # | % |
| Not on Social Allowance | 1,627 | 28.6 | 1,985 | 29.5 |
| On Social Allowance | 4,057 | 71.4 | 4,742 | 70.5 |
| Total | 5,684 | 100.0 | 6,727 | 100.0 |

## Family Reasons for Needing Day Care

### Single Parent Families

| | # | % |
|---|---|---|
| Parent Working | 4,186 | 82.2 |
| Parent Student | 735 | 14.4 |
| Parent with Special Needs | 172 | 3.4 |
| Total | 5,093 | 100.0 |

### Two Parent Families

| | | |
|---|---|---|
| Both Parents Working | 115 | 19.5 |
| Both Parents Students | 71 | 12.0 |
| 1 Working, 1 Student | 255 | 43.2 |
| 1 Special Needs, 1 Working | 104 | 17.6 |
| 1 Special Needs, 1 Student | 13 | 2.2 |
| Both Special Needs | 32 | 5.4 |
| Total | 590 | 99.9 |

# EMPLOYMENT OPPORTUNITIES PROGRAM

## E.O.P. Placements 1981/82 (April 1/81 to March 1/82)

| Placements | Northern Alberta | | | Southern Alberta | | | Province Total | | |
|---|---|---|---|---|---|---|---|---|---|
| | Handi-capped | Non Handi-capped | Total | Handi-capped | Non Handi-capped | Total | Handi-capped | Non Handi-capped | Total |
| Employment | 381 | 907 | 1,288 | 294 | 802 | 1,096 | 675 | 1,709 | 2,834 |
| Training | 153 | 418 | 571 | 213 | 592 | 805 | 366 | 1,010 | 1,376 |
| Group Counselling | 66 | 100 | 166 | 80 | 150 | 230 | 146 | 250 | 396 |
| **Total** | 600 | 1,425 | 2,025 | 587 | 1,544 | 2,131 | 1,187 | 2,969 | 4,156 |

# FAMILY MAINTENANCE AND COURT SERVICES

## Average Monthly Caseload
## 1980-81 and 1981-82

| | 1980-81 | | 1981-82 | | Change | |
|---|---|---|---|---|---|---|
| | # | % | # | % | # | % |
| Separated/Divorced Persons | 12,433 | 43 | 10,601 | 43 | (1,832) | (15) |
| Unmarried Persons | 7,035 | 24 | 5,729 | 23 | (1,306) | (19) |
| Children in Care | | | | | | |
| Parents Maintenance Orders | 598 | 2 | 788 | 3 | 190 | 32 |
| Custody by Agreement | 433 | 1 | 332 | 1 | (101) | (23) |
| Refunds of Overpayments | 7,316 | 25 | 5,345 | 21 | (1,971) | (27) |
| Repayments by Agreement | 1,363 | 5 | 2,151 | 9 | 788 | 58 |
| **Total** | 29,178 | 100 | 24,946 | 100 | (4,232) | (15) |

## Average Monthly Receipts and Disbursements
## 1980-81 and 1981-82

### Receipts

| | 1980-81 | | 1981-82 | | Change | |
|---|---|---|---|---|---|---|
| | $ | % | $ | % | $ | % |
| Separated/Divorced Persons | 320,343 | 64 | 362,223 | 65 | 41,880 | 13 |
| Unmarried Persons | 71,276 | 14 | 81,500 | 15 | 10,224 | 14 |
| Children in Care | | | | | | |
| Parents Maintenance Orders | 15,971 | 3 | 20,924 | 4 | 4,953 | 31 |
| Custody by Agreement | 4,174 | 1 | 6,428 | 1 | 2,254 | 54 |
| Refunds of Overpayments | 69,660 | 14 | 46,347 | 8 | (23,313) | (33) |
| Repayments by Agreement | 20,829 | 4 | 36,340 | 7 | 15,511 | 74 |
| **Total** | 502,253 | 100 | 553,762 | 100 | 51,509 | 10 |

### Disbursements

| | $ | % | $ | % | $ | % |
|---|---|---|---|---|---|---|
| Paid into General Revenue of Province | 261,020 | 52 | 266,272 | 48 | 5,252 | 2 |
| Collections applied towards expenses of Unmarried Mothers and their Children | 32,738 | 6.5 | 42,048 | 8 | 9,310 | 28 |
| Paid directly to wives on social allowance and reduced social allowance accordingly | 208,495 | 41.5 | 245,442 | 44 | 36,947 | 18 |
| **Total** | 502,253 | 100 | 553,762 | 100 | 51,509 | 10 |

# OFFICE OF THE PUBLIC GUARDIAN

## Guardianship Activities – December 1st, 1978 – March 31st, 1982

**Completed Guardianship Applications**

| | Private Solicitor | Crown Solicitor | Total |
|---|---|---|---|
| December 1978 - March 31st, 1981 | 405 | 945 | 1350 |
| April 1st, 1981 - March 31st, 1982 | 291 | 1218 | 1509 |
| | 696 | 2163 | 2859 |
| | 24.34% | 75.66% | 100.00% |

**Guardianship Orders**

| | Private Guardian | Public Guardian | Total |
|---|---|---|---|
| December, 1978 - March 31st, 1981 | 942 | 359 | 1301 |
| April 1st, 1981 - March 31st, 1982 | 767 | 344 | 1111 |
| | 1709 | 703 | 2412 |
| | 70.85% | 29.14% | 100.00% |

| | Cases Deferred** | Abuse Investigations |
|---|---|---|
| December, 1978 - March 31st, 1981 | 99 | 33 |
| April 1st, 1981 - March 31st, 1982 | 191 | 30 |
| | 290 | 63 |

** Cases Investigated, no Guardianship required

# CHILD WELFARE

## Children in Care by Child Welfare Status*

| Status | # | % |
|---|---|---|
| Probation | 730 | 4.2 |
| View to Adopt | 563 | 3.2 |
| Permanent Ward | 1,868 | 10.8 |
| Custody by Agreement | 346 | 2.0 |
| Handicapped Children's Services | 2,646 | 15.3 |
| Temporary Ward - Juvenile Delinquents Act | 400 | 2.3 |
| Status Yet to be Established | 1,081 | 6.2 |
| Temporary Ward - Child Welfare Act | 3,011 | 17.4 |
| Apprehension | 336 | 1.9 |
| Supervision | 436 | 2.5 |
| Family Support | 5,937 | 34.2 |
| **Total** | **17,354** | **100.0** |

* At March 31, 1982

## Children Receiving Child Welfare Services by Type of Placement*

| Type of Placement | # | % |
|---|---|---|
| In Residence:** | | |
| Foster Homes | 3,790 | 76.9 |
| Residential Resources*** | 423 | 8.6 |
| Contracted Group Homes*** | 326 | 6.6 |
| Government Group Homes*** | 199 | 3.9 |
| Compulsory Care | 150 | 3.0 |
| Detention | 43 | .9 |
| **Total** | **4,927** | **99.9** |
| Not In Residence:** | | |
| Parental Care | 8,954 | 74.4 |
| Relative's Care | 1,812 | 15.1 |
| Adoption Home | 563 | 4.7 |
| Auxiliary Care Facilities | 276 | 2.3 |
| Commercial Boarding Home | 69 | .6 |
| Independent Living | 123 | 1.0 |
| Hospital | 94 | .8 |
| Jail | 20 | .2 |
| A.W.O.L. | 127 | 1.1 |
| **Total** | **12,035** | **100.2** |

* At March 31, 1982.

** In Residence - residing in settings operated or contracted by the Department. Not In Residence - children residing in settings not owned or contracted by the Department.

*** May include placements in non-Child Welfare resources, e.g., Services for the Handicapped group homes.

N.B. A number of children whose placement was not known have not been included; therefore, total placements do not equal children in care by child welfare status.

# HEALTH SERVICES DIVISION

Community Health Services Branch

Health Promotion and Protection

Rehabilitative Programs

Communicable Disease Control and Epidemiology

Community Social Services Branch

Day Care Program

Provincial Laboratory of Public Health

Vital Statistics Branch

Finance, Information and Support Services

Statistics for 1981 82

# HEALTH SERVICES DIVISION

The Health Services Division exists to monitor the state of public health and to develop and support programs and services which achieve, maintain and restore the good health and well-being of the people of Alberta. The Division's primary emphasis is in the prevention of physical, mental and social breakdown.

These objectives are accomplished by providing Alberta communities with the opportunity to specify and meet their own needs. The wide variety of Divisional services is delivered by community-based agencies/boards, local authorities and direct provincial systems. Activities include collecting and analyzing vital statistics, identifying and controlling communicable disease, monitoring the physical and social environment and providing the means for people to maintain their independence whenever possible.

During the year plans were made to develop basic program standards for all community health programs offered by local health authorities. Structural standards for the home care program were developed and approved by health unit directors.

The need for continued improvement in preventive health services was addressed through diverse activities. These included establishing two additional dental "starter practice" trailer units in rural areas, creating the home monitoring program for detection of urea formaldehyde foam insulation gases and introducing standard screening procedures to identify speech, language and hearing handicaps in children from 4½ to 5½ years of age. The Alberta Aids to Daily Living Program continued to expand in response to needs of Albertans.

Divisional staff assisted the Department of Education in developing a new elementary health curriculum for Alberta schools.

A considerable number of regulations under the Public Health Act were reviewed with the Provincial Board of Health and amendments drafted for the Board's consideration.

Attention was also given to the effective management of program responsibilities within the Division through such activities as the redesign of the Home Care Information System.

Significant legislative, organization and funding changes occurred in the areas of Day Care and Family and Community Support Services. Improved Day Care standards were included in Regulation, accompanied by Family Subsidies and Operating Allowances designed to give all families access to good day care and all day care operators the means to offer quality programs. In Family and Community Support Services, legislation changes allowed for simpler administration, advanced funding, greater municipal participation in decision-making and the capacity to expand the program to all Albertans, including Treaty Indians. These developments greatly enhanced the Division's capabilities in providing preventive support services to people in need.

Reports follow on the specific activities of program branches during the 1981-82 fiscal year.

## COMMUNITY HEALTH SERVICES BRANCH

The Community Health Services Branch is composed of two Directorates, Health Promotion and Protection, and Rehabilitation. The former comprises six programs: Community Health Nursing; Environmental Health; Nutrition; Dental Services; Family Planning; and Health Promotion/Lifestyles Programs. Rehabilitation includes Home Care; Speech Pathology and Audiology; Alberta Aids to Daily Living and Extended Health Benefits; and Early Intervention Programs.

Services are delivered by 27 local health authorities. They are funded by the Branch which provides them with a variety of support services.

## HEALTH PROMOTION AND PROTECTION

Health Promotion and Protection is a diverse group which, in its leadership role in community health fosters and supports the development and delivery of programs to prevent disease and other health problems and enhance, maintain, protect and restore the health and well-being of people in Alberta through organized community effort. Working with local health authorities and other government and non-government (including voluntary) organizations, Health Promotion and Protection has an important role in linking and coordinating these programs.

A limited number of selected direct services are provided as required by provincial or local circumstances.

### Community Health Nursing

The purpose of this Unit is to provide leadership for the attainment of the highest standard of community health nursing services for the people of Alberta.

Services provided to local health authorities consist primarily of inservice education, consultation, provision of resource and program support materials (including a provincial information system) and liaison.

The Unit carried out survey research projects with other Department personnel. Research was also done into the use of reports from the nursing activities information system and the educational preparation of community health nurses employed by local health authorities. Work was continued with the Society of Public Health Nursing Supervisors on the development of school health standards. Development was initiated for geriatric nursing program standards and an adult health program discussion paper.

Highlights for 1981-82 included:

- Provision of PROSPECTION '81, an annual workshop, on nursing management for 70 community health nursing supervisors.
- Formalization of the Standing Committee on Community Health Nursing.

## Family Planning Services

Family Planning Services provides support and encouragement for the development of a broad range of family planning services in the public and voluntary sectors in Alberta.

Program areas are identified through requests for consultative services and inservice programs from local health authorities and voluntary agencies. Once identified, requests are listed by priority and scheduled to take place during the fiscal year.

Highlights of Family Planning Services in 1981-82 included the following:

- Family Planning Displays (5) produced and distributed for use by local health authorities and voluntary agencies.
- Preparation and distribution of the Family Planning Services quarterly journal, "Communications".
- Communication, Sexuality and Family Planning Introductory Workshops held at City of Lethbridge, Alberta West Central and Fort McMurray health units.
- Specialized Workshops in Adolescent Sexuality co-sponsored by the Sturgeon Health Unit and a Peer Counselling Workshop co-sponsored by Planned Parenthood Alberta.
- Contraceptive Update Workshops in the Sturgeon, Banff and Chinook health units and the Siksika Health Lodge (Native-Federal Project).
- Research and draft preparation of a pamphlet for parents - a communication guide on sexuality for parents of children from birth to age eight.

## Dental Services

The purpose of Dental Health Services is to monitor the state of oral health and to develop and support dental programs and services which will help achieve, maintain and/or restore the oral health of the residents of the province. The primary emphasis is on the prevention of dental disease.

Highlights for 1981-82 include the following:

- Starter practice dental mobiles were placed in Milk River and Spirit River.
- The Visiting Dentist Program scheduled a total of 94 days in various locations.

## Nutrition Services

This program provides broad based nutrition content as an integral facet of community health services which promote health and prevent disease.

Program activities included the continued production and distribution of "Nutritionally Speaking", a newsletter for health professionals in the province; the development of a leader's guide for the slide/tape series "Nutrition for Seniors"; and revision and distribution of various publications, manuals and documents related to nutrition. Numerous personal and telephone consultations were provided to local health authorities, departmental institutions and group homes.

Significant highlights for 1981-82 included the following:

- Acceptance by the Standing Committee of Directors of the "Community Health Nutrition Programs in Alberta - A Discussion Paper" and the Terms of Reference, and Work Plan for the Standing Committee on Community Health Nutrition.
- Compilation of data on provincial food costs.
- Preparation and distribution of revised advice sheets on infant nutrition for parents.
- The striking of a multi-disciplinary committee for the revision of the professional manual "A Guide to Infant Nutrition - the rationale for health professionals".
- Participation in an interdepartmental committee to develop provincial guidelines pertinent to the "WHO Code on Breast Milk Substitutes".
- Participation in the Montreal Diet Dispensary training program for Maternal-Fetal Intervention and dissemination of this information to allied professionals.

## Lifestyle Programs Unit

The Lifestyle Programs Unit encourages and assists local health authorities and other community organizations to develop and implement health education and health promotion programs which will increase public awareness and knowledge of the consequences of selected lifestyle habits and personal health practices.

Significant accomplishments were made in the following areas:

- The Unit was involved in a wide range of activities, such as the development and presentation of a "Health and Lifestyle" seminar to Department staff through the Inhouse Staff Development Program and the coordination of a promotion for non-smoking week for provincial local health authorities and community organizations in Edmonton and surrounding areas. It also assisted in the organization of the Banff "Self Care Symposium" in cooperation with Health and Welfare Canada and advised and assisted in the production of "Help Yourself to Health", an Edmonton self help directory.
- The Health Promotion Request for Decision, developed jointly by the Unit, AADAC and Hospitals and Medical Care, was completed.
- A proposal format on health promotion in the workplace was developed with Lifestyle Programs and representatives of four provincial departments, two major oil companies, the City of Edmonton, Edmonton Local Board of Health and two Edmonton hospitals.
- The terms of reference and the framework of the Community Health Promotion Discussion Paper were developed by the Joint Community Health Promotion Coordinating Standing Committee with the leadership of the manager of Lifestyle Programs.
- The School Health Education Coordinator of Lifestyle Program's Unit rewrote the new Elementary Health Curriculum and complementary Teacher's Resource Manual.

## Environmental Health Services

This program represents the major protection aspect of the Health Promotion Programs. Environmental Health Services employs specialists in public health inspection, engineering, and microbiology who are responsible for investigating environmental health matters throughout the province. They provide advice, information, and in-service training to local public health inspectors in relationship to environmental health issues and the enforcement of Provincial Board of Health regulations respecting food control, sanitation, etc. They also provide secretariat services to the Board, which has responsibility, through the development of regulations, for the prevention and control of the spread of communicable disease and for monitoring, protecting, and improving the health of Albertans. Close liaison is maintained with the Departments of Environment, Agriculture, and Workers' Health, Safety and Compensation.

Highlights of 1981-82 include the following:

- Production of two volumes of an Environmental Health Law Manual.
- Conducted an in-service seminar on Environmental Health Law in Jasper for all local health authorities.
- Designed and implemented a home monitoring program for urea formaldehyde foam insulation (U.F.F.I.).
- Conducted U.F.F.I. testing for Territorial Government at Pond Inlet, N.W.T. and Snare River, N.W.T.
- Commenced negotiations regarding division of responsibilities with Alberta Environment, Waste Management.
- Represented Alberta on Federal/Provincial Advisory Committee on Environmental and Occupational Health and the Federal/Provincial Committee on Indoor Air Quality.

It was also involved in health studies with sour gas plants in the Twin Butte area, conducted a public awareness campaign on salmonellosis in poultry, initiated the "Environmental Health Observer" newsletter, negotiated with Athabasca University to approve a degree program in environmental health for practising public health inspectors and conducted a Health Education Workshop for local health authorities.

## Provincial Board of Health

The Provincial Board of Health makes rules and regulations under The Public Health Act and reviews them to ensure they are updated when required; monitors the implementation of the regulations; and serves as an inter-departmental forum for review of health related issues. It and the Department serve as a means of communication with and support to local health authorities in the performance of their responsibilities.

Highlights included the following:

- Previewing and monitoring the health studies performed in the Twin Butte area.
- The Board heard eight appeals of decisions rendered by local boards of health; twenty-two requests for waivers of public health regulations; and seven requests for deviations from standards for semi-public swimming pools.
- Approvals were issued for the establishment of new refuse disposal sites, cemeteries, and semi-public swimming pools.

## Paediatric Consultant Program

This program covers a number of Maternal and Child Health Care Projects which carry the objective of maintaining and improving the health of children in Alberta.

Descriptions and reports of projects under this program follow.

**Poison Control.** The Poison and Drug Information Service (PADIS) Report was developed and contained a proposal describing a service to improve the

access to and the quality of information on poisons and drugs.

**Childhood Accident Prevention Program.** A publication, "Accidental Deaths and Injuries of Children and Youth 0 to 19 years of age in Alberta", was distributed to health units and agencies involved in accident prevention.

**Health Passport.** A child health passport was introduced on an experimental basis.

**Third Symposium.** The Third Symposium on the Prevention of Handicapping Conditions of Pre-natal and Perinatal Origin was held at Glenrose Hospital, October 28, 29, 30, 1981.

**Drug Oriented Assistance Programs for Phenylketonuria and Cystic Fibrosis.** These programs covered the cost of special drug and dietary items for 143 children with cystic fibrosis and 22 children with hereditary metabolic diseases.

**Rheumatic Fever Program.** Antibiotics to combat the re-occurrence of rheumatic fever were received by 343 children and youth up to 18 years of age.

**Handicap Prevention.** An interdepartmental advisory committee was formed to deal with the prevention of handicaps in children especially in the prenatal and perinatal stages.

**Newborn Assessment.** A standardized program for newborn assessment was created and distributed to all health units.

# REHABILITATIVE PROGRAMS

The mandate of Rehabilitative Programs is to strengthen the independence and health status of Albertans by evaluating, developing, supporting, and in one instance, providing community rehabilitation programs.

Reports from the sub-programs follow:

## Coordinated Home Care Program

The Coordinated Home Care Program provides medical and support services to Albertans. Home Care services are primarily provided to the elderly (two-thirds of the caseload are 65 years and older), the chronically ill and handicapped persons.

The Home Care Program statistics for 1981-82 were 6,581 active cases, 1,020 admissions and 1,110 discharges.

Highlights for the fiscal year ending March 31, 1982, include the following:

- Redesign of the Home Care Information System (computer system to record related service information).
- Approval from the Director/Medical Officers of Health of structural standards developed by the Home Care Standards Committee.

## Speech Pathology and Audiology

This program provides approximately one-third of all speech, language and hearing services in Alberta. In addition, one clinical audiology program is operated on a pilot basis in St. Paul by the North Eastern Alberta Health Unit. Speech pathology programs are provided to those with speech, language and hearing disorders. Priority is given to children.

In addition to financial support for speech pathology programs, the Department provides consultative and planning services to the local health authorities through the Speech Pathology and Audiology Unit. This office is responsible for program planning with Education and Hospitals and Medical Care; providing consultation to health units and other divisions of the Department; and liaison between the Department and associated professional service agencies and the public.

The speech pathology program has four distinct segments - identification, assessment, treatment and public education and prevention.

In 1981-82 there were 7,920 referrals received, with 6,480 of that total being assessed. The average monthly caseload was 734 (48 per cent) pre-school aged children, 674 (44 per cent) school aged children and 116 (8 per cent) adults. The number of discharges during the year was 2,384 and a total of 2,531 clients were awaiting assessment/review (1,878) or treatment (653). In-services/workshops were provided to 513 allied professionals, parents and others.

The highlight of 1981-82 was the implementation of MACS (The Measurement of Auditory and Communication Skills: A Screening Test for 4½ to 5½ year old children) by approximately one-half of local health authorities. This test provides standard screening procedures for identifying communication handicaps and its use will enable local health authorities to more accurately and efficiently identify those children. The implementation of MACS was the result of joint research conducted by the Alberta Social Services and Community Health and several local health authorities.

## Alberta Aids to Daily Living

This program is designed to meet the special needs of handicapped or chronically ill Albertans facing the financial burden of obtaining necessary medical equipment and supplies. This equipment, available without charge, includes wheelchairs, walking aids, home oxygen equip-

ment, custom-fitted prosthetics and orthotics and various medical-surgical products. Alberta Aids to Daily Living Program (AADL) coordinates the provision of equipment with the development of assessment and follow-up procedures to ensure individuals receive the appropriate aid or device. The evaluation of equipment and supplies is also carried out by the program.

Highlights for 1981-82 include the expansion of program benefits and an increase in the number of prescribing authorities and individuals using the prgram.

The Extended Health Benefits Program (jurisdication of Hospital and Medical Care)-is similar to the AADL program, however, its clients are senior citizens who have chronic disabling health conditions. The program allows these persons to obtain medical equipment or supplies with a written prescription from a physician.

### Early Intervention Programs

Early Intervention Programs provide services in the home to support and assist families of children aged from birth to three and a half years with identified developmental delay.

Services are provided through 11 Early Intervention Programs, sponsored by local health authorities, school boards, voluntary agencies and the Department.

The average monthly caseload in 1981-82 was 160. A summary of provincial statistics appears on page 35.

# COMMUNICABLE DISEASE CONTROL AND EPIDEMIOLOGY

The Communicable Disease Control and Epidemiology Branch has three functional units: Epidemiology and Disease Control; Social Hygiene Services and Tuberculosis Services. The Branch maintains surveillance of communicable and non-communicable disease activity within the Province and provides epidemiologic consultation to other branches within the Health Services Division. Its principal focus is the primary, secondary and tertiary prevention of communicable diseases.

It should be noted that communicable disease statistics are collected on a calendar year basis and while the general description of the program is accurate for the 1981-82 fiscal year, statistics and disease descriptions are for January 1 to December 31, 1981.

### Epidemiology and Disease Control Unit

The Epidemiology and Disease Control Unit monitors communicable diseases other than sexually transmitted diseases and tuberculosis and consults with health units, hospitals and private physicians on matters related to the control of infectious diseases.

Under the communicable disease regulations, specified notifiable diseases are reported to local health authorities and by them to Communicable Disease Control. Statistics derived from these reports become part of the national statistics which are transmitted eventually to the World Health Organization as part of an ongoing global surveillance of disease.

**Notifiable Disease.** The most remarkable feature of notifiable diseases in 1981 was the high incidence of mumps (2,217 cases).

In 1981 no cases of diphtheria were reported in Alberta. This may reflect the success of the immunization program. The number of diphtheria carriers remains moderately high. Continued emphasis on maintaining high immunization levels is necessary.

Measles incidence has shown a further drop, reflecting the after-effect of the 1979 epidemic as well as that of the increased immunization effort.

Although the high level of malaria first noted in 1980 continued in 1981 with 66 cases reported, there were no deaths.

Reported cases of selected notifiable diseases in the province are shown below, with comparative statistics for the previous year:

| | 1981 | 1980 |
|---|---|---|
| Diphtheria | | |
| Cases | 0 | 29 |
| Carriers | 40 | 56 |
| Shigellosis | 511 | 545 |
| Salmonellosis | 600 | 726 |
| Hepatitis A | 278 | 266 |
| Hepatitis B | 91 | 61 |
| Measles | 168 | 270 |
| Meningitis Viral or Aseptic | 28 | 22 |
| Meningococcal Infections | 25 | 36 |
| Pertussis | 66 | 110 |
| Rubella | 718 | 815 |
| Mumps | 2,217 | 1,720 |
| Amoebiasis | 29 | 102 |
| Leprosy | 3 | 2 |
| Malaria | 66 | 73 |
| Legionnaires Disease | 4 | N.R. |
| Typhoid Fever | 5 | 7 |

**Immunization.** The Branch continued to supply immunizing agents to local health authorities for the prevention of communicable diseases. A review of immunization levels in 1981 indicated that by the first year of school 91 per cent of children were adequately immunized against measles. Corresponding figures for

diphtheria pertussis tetanus (DPT) and polio immunization were 83 per cent and 88 per cent. Rubella immunization was provided for 81 per cent of grade five girls. Statistical highlights appear on page 36.

### Tuberculosis Services

Tuberculosis Services is responsible for monitoring and controlling tuberculosis in Alberta. Activities of the unit are centred on the operation of outpatient clinics in Calgary and Edmonton. Patients showing positive tuberculin test results are referred to the clinics by public health nurses or family physicians for further investigation, treatment and follow-up services.

**1981 Calendar Year**

| | New Active | Reactivated | Total | % of Province |
|---|---|---|---|---|
| Southern Alberta | 15 | - | 15 | 6.2 |
| Calgary | 53 | 1 | 54 | 22.1 |
| Northern Alberta | 52 | 2 | 54 | 22.1 |
| Edmonton | 75 | 10 | 85 | 34.8 |
| Registered Indians | 30 | 6 | 36 | 14.8 |
| **Total** | **225** | **19** | **244** | **100.0** |

The new active cases, including Registered Indians, accounted for a rate of 10.17/100,000 population and reactivated cases 0.86/100,000 population.

Registered Indians in the new active category had a rate of 96.63/100,000 population and a reactivated rate of 17.80/100,000. The death rate in Alberta during 1981 was 0.3/100,000 population.

### Social Hygiene Services

Social Hygiene Services is responsible for all aspects of the sexually transmitted disease control program in Alberta. This program is operated through the provision of diagnostic and treatment clinics in Edmonton, Calgary and Lethbridge, epidemiologic services, consultation to physicians, disease surveillance and data monitoring and public and professional education.

In 1981, there were 11,692 reported laboratory confirmed cases of gonorrhea representing a rate of 520.2/100,000 population and a 1.4 per cent decrease from 1980. Approximately 50 per cent of the cases were reported by the clinics with the remaining cases from physicians. Gonorrhea continues to be a disease which primarily affects young people with 80 per cent of cases occurring in the 15 - 19 year old age groups.

The total reported cases of syphilis was 255 in 1981 for a rate of 11.5/100,000 population. This represents a 37 per cent increase over 1980, however, no specific variable could be identified to account for this.

Highlights for the program included the following:

- Expansion of the education and mobile clinic services in Calgary.
- Ongoing public awareness campaign consisting of bus card and newspaper advertising, media interviews and educational pamphlets.
- Educational sessions to a variety of audiences.

## COMMUNITY SOCIAL SERVICES BRANCH

The Community Social Services Branch is responsible for ensuring the coordinated delivery and support of community social services programs designed to lessen and anticipate social problems.

The Branch offers no direct public programs, but coordinates and provides administrative support to the Parent Resource Unit, and Family and Community Support Services.

### Parent Resource Unit

The Parent Resource Unit provides assistance and support to parents in order to increase their parenting knowledge and skills, and to communities and institutions to enable them to effectively meet the needs of families with young children.

The Unit employs existing services in its program delivery and emphasizes the development of volunteers through leadership training. Grants are provided on a project basis to community groups for parent development activities. Through its regional offices, the Unit provides consultation and programs to organizations.

Approximately 75,000 information requests were handled by the Unit last year, together with numerous leadership training events, workshops, speaking engagements and community orientations. Highlights for 1981-82 include the following:

- "The Parent Puzzle", ten 30-minute television productions by ACCESS nearing completion.
- Focus-on-Parenting leadership training provided for 400 people throughout the province.
- Mother Support Group materials developed and available to groups throughout the province.

It is expected that the Parent Resource Unit will be

phased-out in the next fiscal year. Programs and materials would be incorporated into Early Childhood Services, Day Care, Child Welfare and Family and Community Support Services.

### Family and Community Support Services Program

The objective of the Family and Community Support Services Program is to avert social breakdown by helping people and their community identify and act on their own social needs. Cooperation and coordination between the provincial government, municipal governments and private voluntary service agencies within the community encourages and facilitates volunteerism. The reinforced principle of local autonomy allows municipalities to prioritize and develop services based on clearly identified local needs.

Municipalities may enter into their own agreement with the Minister of Social Services and Community Health to operate a local Family and Community Support Services Program. Funding is provided on a cost-shared basis with the province contributing up to 80 per cent of the funds and the local municipality or municipalities contributing the remaining 20 per cent.

The program was initially introduced in February 1981, as the final result of the review of the Preventive Social Services program initiated by the Minister of the Department. Key changes in the program included the following:

- The extension of the program to all Albertans. A municipality entering on agreement may include Indian Bands, Metis Settlement and Improvement Districts.
- Increased funds to alleviate inequalities in funding between municipalities.
- Streamlined provincial administrative requirements and greater decision making authority for local municipalities.

During the 1981-82, 58 municipal provincial agreements were in effect with the municipal programs serving 82 per cent of the province's population. Data on the distribution of users of services and volunteer activity appear on pages 37 and 38.

## DAY CARE PROGRAM

The Day Care Program exists to support the delivery of appropriate day care services in Alberta communities, to ensure that standards of care are maintained and improved, and to encourage, by means of financial support to day care programs and individual families, the use of day care as a preventive social service.

Besides the responsibility for monitoring the Provincial Day Care Program, the Day Care Branch administers the Operating Allowance Program, licensing and consultation services to day care centres, family day homes and nursery schools for pre-school children. In addition, the Branch is responsible for licensing foster homes, residential treatment centres for children and adults, adult homes for special care and after school programs for older children, subject to the provisions of the Social Care Facilities Licensing Act.

Highlights for the Day Care Program include the following:

- Day Care Regulations (144/81) legislated improved standards of child care in the province by increasing staff and space requirements.
- Operating Allowance was made available to those licensed day care facilities which implemented improved staff:child and space:child ratios prior to the mandatory compliance date of August 1, 1982.
- In August 1981, the Satellite Family Day Home system was developed and is now operative. This system provides care for children in family day homes under agency or centre supervision.
- Organized and implemented "Day Care as a Business" three-day workshop in four locations in the province.
- In December 1981, the Day Care Advisory Committee presented recommendations for a Training Registry for day care workers.

Statistical highlights appear on page 39.

### Edmonton Family Day Home Project

The Edmonton Family Day Home Project administers a system of approved family day care homes in the City of Edmonton. Project staff recruit and assist in the development of agencies within the community. Project staff also recruit family days home providers.

Parents of pre-school children are assisted to locate a family day home and to obtain family subsidy where applicable.

The Project, originally slated to terminate December 7, 1981 was extended to March 31, 1982 and again to March 1983 in order to facilitate transfer of the administration of homes to suitable agencies.

## PROVINCIAL LABORATORY OF PUBLIC HEALTH

The Provincial Laboratory of Public Health provides diagnostic and public health microbiology services, including bacteriology, virology, mycology and para-

sitology to recognized health authorities. The headquarters laboratory is situated in Edmonton, with a southern branch laboratory in Calgary.

During the year, 520,698 specimens were examined at the Edmonton laboratory and 169,421 in the Calgary branch laboratory, for a total of 690,119 specimens. Details of the specimens by category are given on page 40.

Provincial Laboratory highlights for 1981-82 are:

- On April 1, 1981, the National Reference Service for Typing Group A Streptococci was established at the Provincial Laboratory, Edmonton. The National Reference Service was designated by the Department of National Health and Welfare and operates in liaison with the Laboratory Centre for Disease Control, Ottawa.
- In January, 1982, techniques for the isolation by culture of mycoplasma species and for their subsequent identification became available at the Provincial Laboratory.

# VITAL STATISTICS BRANCH

The Vital Statistics Branch objectives are to register all births, marriages and deaths that occur in Alberta, to provide confirmation of the occurrence of these events to those entitled and to maintain a statistical data base. The Branch provides service to the general public, government departments and agencies.

Preliminary statistics for 1981 show there were 42,469 births (8 per cent increase from 1980) of which 6,611 were out of wedlock (24 per cent increase). Marriages increased by 5 per cent to 21,712. There were 12,611 deaths (4 per cent decrease), 340 suicides (12 per cent decrease) and 447 infant deaths (8 per cent decrease). The total population of Alberta was up 3 per cent to 2,164,214.

The highlight for the Branch was the development of the Vital Statistics Information Terminal System (VISITS) to its implementation stage. The computer system should provide improvements in service to the public, and agency and management reporting.

# FINANCE, INFORMATION AND SUPPORT SERVICES

Finance, Information and Support Services monitors and evaluates the financial management of funded agencies and the Health Services Division. It provides administrative support and compiles the annual Health Services Division budget for all Division programs and local health authorities.

## REHABILITATIVE PROGRAMS

### Early Intervention Program
### Summary of Provincial Statistics
### Prepared from monthly reports submitted by E.I.P.

1981 - 1982

| | APRIL 1981 | MAY | JUNE | JULY | AUG. | SEPT. | OCT. | NOV. | DEC. | JAN. 1982 | FEB. | MAR. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ACTIVE CASELOAD (weekly or bi-weekly contact) | | 104 | 130 | 142 | 145 | 135 | 174 | 149 | 144 | 145 | 153 | 167 |
| FOLLOW-UP CASELOAD (monthly or less frequent) | | 14 | 25 | 19 | 29 | 22 | 29 | 41 | 40 | 46 | 43 | 39 |
| **TOTAL** | | **118** | **155** | **161** | **174** | **157** | **203** | **190** | **184** | **191** | **196** | **214** |
| NUMBER REFERRED | | 26 | 38 | 22 | 21 | 34 | 32 | 24 | 27 | 30 | 25 | 25 |
| NUMBER ACCEPTED | | 13 | 16 | 10 | 12 | 30 | 45 | 14 | 15 | 21 | 13 | 13 |
| NUMBER LEAVING | | 4 | 8 | 11 | 10 | 29 | 18 | 10 | 5 | 12 | 8 | 16 |
| WAITING LIST | | 29 | 45 | 35 | 42 | 50 | 22 | 17 | 34 | 27 | 26 | 31 |
| NUMBER OF FOSTER FAMILIES SERVED | | 16 | 26 | 24 | 21 | 24 | 28 | 26 | 18 | 23 | 25 | 31 |

## COMMUNICABLE DISEASE CONTROL AND EPIDEMIOLOGY

### Immunizing Agents Distributed In Alberta - 1981

| | |
|---|---|
| Cholera Vaccine (ml) | 11,061 |
| Dephtheria Antitoxin (vials) | 106 |
| Diphtheria Toxoid (doses) | 1,443 |
| Diphtheria Toxoid, Pertussis Vaccine and Tetanus Toxoid (combined) (doses) | 188,184 |
| Diphtheria Toxoid and Tetanus Toxoid (combined) (doses) | 47,460 |
| Measles Virus Vaccine, live attenuated (more attenuated Enders Line) (doses) | 43,000 |
| Pertussis Vaccine (doses) | 510 |
| Tetanus Toxoid (doses) | 100,460 |
| Typhoid Vaccine (vials) | 1,531 |
| Polio Virus Vaccine, Live, Oral (Sabin) (Trivalent) (doses) | 288,624 |
| Poliomyelitis Vaccine Inactivated (Salk) (Trivalent) (doses) | 4,983 |
| Rabies Immune Globulin (Human) (vials) | 41 |
| Rabies Vaccine, Inactivated (Duck Embryo) restricted to persons exposed to suspect rabid animal (vials) (1 course-24 vials) | 2,478 |
| Rabies Vaccine (Tissue Culture Origin) Pre-exposure immunization | 1,543 |
| Immune Serum Globulin (Human) (ml) | 13,485 |
| Tetanus Immune Globulin (Human) (vials) | 850 |
| Rubella Virus Vaccine, Live, Attenuated (HPV 77 (D.E. 5)) (doses) | 17,500 |
| Influenza Vaccine (Trivalent) | 42,000 |

# FAMILY AND COMMUNITY SUPPORT SERVICES

## Table 1
## Allocation of Funds 1981/82

| | |
|---|---|
| Administration and Planning | $ 3,509,350 |
| Family and Community Support Services | 13,563,980 |
| *(After School Care Services) | 1,398,320 |
| (1981 Municipal $1 per capita surplus) | 871,816 |
| | $19,343,466 |

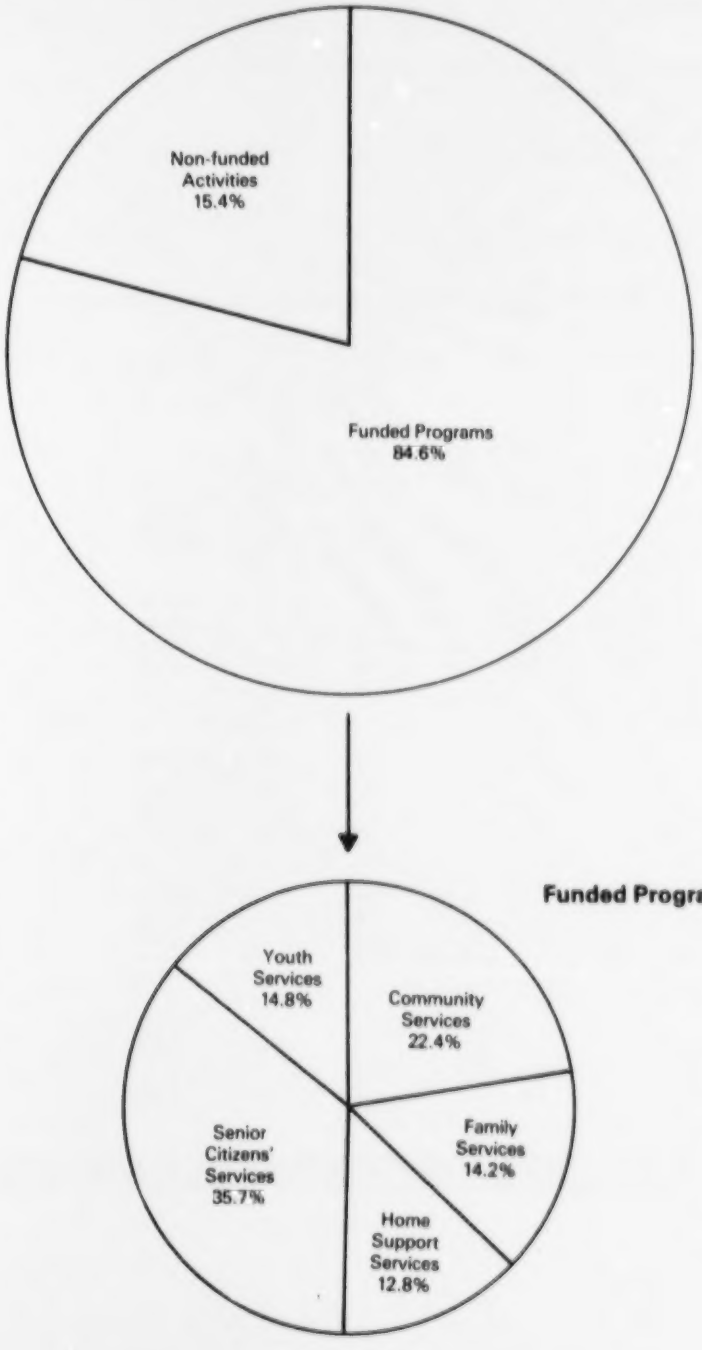
- *Because responsibility for funding after school care was transferred to Preventive Social Services in October, 1980, an additional allocation for these services was made.
- As well an additional $1 per capita allocation for programs was granted in October, 1980 for the remaining portion of the fiscal year.

## Table 2
## Distribution of Service Users by Type of Service

| Type of Service | Number of Services | Number of Users | Number of Contacts |
|---|---|---|---|
| **Community Services** | | | |
| Information Services | 20 | | 219,529 |
| Volunteer Development | 9 | | 2,241 |
| Community Centres | 11 | 6,595 | |
| Decentralized Social Services | 2 | 12,858 | |
| Other Community Services | 35 | 14,034 | |
| **Sub-Total** | 77 | 33,487 | |
| **Family Services** | | | |
| Family Life Education | 19 | 12,306 | |
| Counselling | 16 | 10,195 | |
| Parent-Child Development | 68 | 6,943 | |
| Child Care Services | 20 | 3,534 | |
| Other Family Services | 3 | 774 | |
| **Sub-Total** | 126 | 33,752 | |
| **Home Support Services** | | | |
| Homemaker | 46 | 9,039 | |
| Homehelp/Handyman | 18 | 11,904 | |
| Meals on Wheels | 22 | 3,089 | |
| Visiting, Shopping, Family Aide | 11 | 4,787 | |
| **Sub-Total** | 97 | 28,819 | |
| **Senior Citizen's Services** | | | |
| Social and Recreational | 28 | 9,363 | |
| Multi-functional | 8 | 13,103 | |
| Coordinators | 6 | 2,202 | |
| Outreach | 4 | 1,903 | |
| **Sub-Total** | 46 | 26,571 | |
| **Youth Services** | | | |
| Outreach | 8 | 1,960 | |
| Youth Workers | 17 | 3,462 | |
| Youth Centres/Clubs | 13 | 8,644 | |
| Alternate School Program | 3 | 1,957 | |
| **Sub-Total** | 41 | 16,023 | |
| **Total** | 387 | 138,652 | 221,770 |

## FAMILY AND COMMUNITY SUPPORT SERVICES

**Percentage Distribution of Volunteer Hours in FCSS Programs, 1981-82**



# DAY CARE PROGRAM

## Statistical Highlights

| | March 1981 | | March 1982 | | Increase | | Percentage | |
|---|---|---|---|---|---|---|---|---|
| | # | Licensed Capacity | # | Licensed Capacity | # | Licensed Capacity | # | Licensed Capacity |
| Day Care Centres | 353 | 16,163 | 365 | 17,037 | 12 | 874 | 3.4 | 5.4 |
| Licensed Family Day Home | 108 | 552 | 75 | 398 | -33 | -154 | -30.56 | -27.9 |
| Satellite Family Day Homes | 139 | 302 | 152 | 341 | 13 | 39 | 9.35 | 12.9 |
| Nursery Schools | 297 | 7,107 | 336 | 7,775 | 39 | 668 | 13.13 | 9.4 |
| Adult Homes for Special Care | 113 | 4,214 | 136 | 4,557 | 23 | 343 | 20.35 | 8.1 |
| Children's Institutions | 138 | 2,226 | 152 | 2,298 | 14 | 72 | 10.14 | 3.2 |
| Foster Homes | 132 | 677 | 133 | 670 | 1 | 7 | .76 | 1.0 |
| Special Care Facility | - | - | 32 | 162 | - | - | - | - |

## PROVINCIAL LABORATORY OF PUBLIC HEALTH

### Number of Specimens Examined in the Year

| | Edmonton | Calgary |
|---|---|---|
| **Diagnostic Bacteriology** | | |
| Nose and throat swabs | 34,171 | 9,142 |
| Faeces and rectal swabs | 19,205 | 6,417 |
| Urines | 31,778 | 4,367 |
| Sputum for tuberculosis | 15,717 | 1,707 |
| Other specimens for tuberculosis | 8,324 | 1,653 |
| Sputum for bacteria other than tubercle | 4,320 | 425 |
| Blood cultures | 1,431 | 339 |
| Genital specimens for gonorrhoea | 64,740 | 30,037 |
| Organisms typed by phage, etc., | 201 | - |
| Other specimens | 12,888 | 2,594 |
| **Bacteriology Serology** | | |
| Blood for syphilis | 154,056 | 48,961 |
| Blood for enteric infections | 619 | 189 |
| Blood for streptococcal antibodies | 1,002 | - |
| Blood for Legionella antibodies | 217 | - |
| Other specimens | 882 | 438 |
| **Diagnostic Parasitology** | | |
| Faeces for intestinal parasites | 13,555 | 4,321 |
| Vaginal specimens for trichomonas | 35,760 | 13,695 |
| Blood for antibodies to parasites | 614 | - |
| Other specimens | 152 | 10 |
| **Diagnostic Mycology** | | |
| Skin, hair and nail specimens | 2,387 | - |
| Blood for fungal antibodies | 2,333 | - |
| Other specimens | 1,566 | - |
| **Sanitary Bacteriology** | | |
| Water | 28,354 | 15,988 |
| Food, milk and cream | 321 | 177 |
| Environmental and other specimens | 5,581 | 7,241 |
| **Diagnostic Virology** | | |
| Throat swabs for virus culture | 1,554 | - |
| Faeces for virus culture | 2,421 | - |
| Genital specimens for Chlamydia | 8,979 | - |
| Other specimens for culture | 6,366 | - |
| Blood for antibodies (excl. rubella & hepatitis) | 9,085 | 240 |
| Blood for rubella virus antibodies | 35,699 | 19,587 |
| Blood for hepatitis antibody or antigen | 10,911 | - |
| **Organisms Referred for Identification** | | |
| Bacteria | 4,013 | 1,893 |
| Fungi | 396 | - |
| Parasites | 38 | - |
| **Animal Inoculations** | | |
| Specimens for bacteriological studies | - | - |
| Specimens for viral studies | 1,062 | - |
| | 520,698 | 169,421 |
| **Total** | 690,119 | |

# MENTAL HEALTH SERVICES DIVISION

Statistics for 1981 82

# MENTAL HEALTH SERVICES DIVISION

The Mental Health Services Division provides free professional help throughout the province. Services are delivered through six regional clinics, two mental hospitals and three care centres; all units were accredited by the Canadian Council on Hospital Accreditation. The Division also operates a funded agency program.

In accordance with the decentralization of the Department, the institutions were transferred to the Institutional Resources Branch under the service delivery component of the Associate Deputy Minister's office in October, 1981 and the regional clinics were transferred to regional management in February, 1982. Following this, Mental Health Services became a program in the Health Services Division of the Department, with the role of planning, monitoring and evaluating mental health programs, providing leadership and maintaining a provincial mental health services identity.

Statistics for Mental Health Services appear on pages 42 to 49.

## Regional Clincs

Regional clinics are located in Calgary, Edmonton, Grande Prairie, Lethbridge, Medicine Hat and Red Deer, with sub-units and travelling workers serving the rural areas.

The purpose of the clinics is to provide diagnostic assessment and treatment of patients of all ages throughout the province, consultation to general practitioners, nursing homes, courts, correctional institutions, Public Health, Child Welfare, schools and other community agencies, and follow-up on patients released from active treatment including after care and rehabilitation placements.

Priorities in the community are services to children, the elderly, the chronic mentally ill and individuals living in rural areas.

The total regional caseload for 1981-82 was approximately 19,000.

Approximately 330 employees staff the regional clinics.

## Institutions

### Alberta Hospital Edmonton

Alberta Hospital Edmonton is a 611-bed regional active treatment centre for the mentally ill, offering clinical programs for acute care, forensic, rehabilitation and psychogeriatric patients in northern Alberta, the Northwest Territories and the Yukon.

### Alberta Hospital Ponoka

Alberta Hospital Ponoka is primarily an in-patient psychiatric facility for the southern half of the province. It has 433 beds and serves a population of over one million.

### Claresholm Care Centre

Claresholm Care Centre is a 240-bed extended care facility which provides care and rehabilitative treatment to adults with psychosocial handicaps who do not require treatment at a mental health facility and who require further rehabilitative treatment to enable them to function satisfactorily in a community setting.

### Raymond Home

Raymond Home provides 52 beds for the long-term care of physically independent, psychosocially handicapped adults who are unable to live independently in the community.

### Rosehaven Care Centres

Rosehaven Care Centre provides 283 beds for the total care and treatment of Alberta residents, aged 65 and over, who do not require active treatment in a general or mental hospital and cannot be cared for in a home environment or nursing home.

### Funded Agency Program

Mental Health Services funds 112 residential facilities with a total bed complement of 454 and 15 non-residential programs with 192 life skills spaces and 344 day spaces.

# MENTAL HEALTH
## Outpatient

### Table 1

### Number of Cases Treated in Outpatient Centres In the Period April 1/81 to March 31/82 Summarized by Sex and Age on March 31, 1982

| Region | Age in Years | | | | | | | Total Cases |
|---|---|---|---|---|---|---|---|---|
| | 0-5 | 6-11 | 12-17 | 18-24 | 25-44 | 45-64 | 65+ | |
| Calgary | 50 | 268 | 360 | 520 | 1421 | 346 | 155 | 3,120 |
| Central | 31 | 136 | 319 | 341 | 1023 | 380 | 145 | 2,375 |
| Edmonton | 98 | 425 | 838 | 743 | 2031 | 869 | 393 | 5,397 |
| Northeast | 19 | 73 | 213 | 156 | 404 | 122 | 43 | 1,030 |
| Northwest | 21 | 114 | 300 | 283 | 641 | 175 | 53 | 1,587 |
| South | 160 | 518 | 538 | 377 | 1228 | 349 | 110 | 3,280 |
| Forensic Assessment & Community Services | 0 | 0 | 142 | 524 | 462 | 67 | 3 | 1,198 |
| **Total Cases 81/82** | 379 | 1534 | 2710 | 2944 | 7210 | 2308 | 902 | 17,987 |
| Males | 227 (60%) | 1044 (68%) | 1415 (52%) | 1325 (45%) | 2668 (37%) | 831 (36%) | 352 (39%) | 7,862 (44%) |
| Females | 152 (40%) | 490 (32%) | 1295 (48%) | 1619 (55%) | 4542 (63%) | 1477 (64%) | 550 (61%) | 10,125 (56%) |
| **Total Cases 80/81** | | | | | | | | 14,558 |

Note 1. The age ranges are inclusive, eg. 6-11 years includes ages 6 and over to 11.9 years of age.

2. The Forensic Assessment & Community Services is associated with Alberta Hospital Edmonton.

**Number of Cases Treated in Outpatient Centres Summarized by Sex and Age:**

**Table 1** shows that of the 17,987 cases, 41% were under 25 years of age, 40% were 25 to 44 years of age, and 19% were 45 years or over. More males than females were seen in the age groups under 18 but females outnumbered males in the remainder of the cases. Overall, there was a 24% increase in caseload over the previous period.

# MENTAL HEALTH
## Outpatient

### Table 2

### Number of Registrations in Outpatient Facilities in the Period April 1/81 to March 31/82

| Region | Number of Registrations | % of Total |
|---|---|---|
| Calgary | 2,192 | 18% |
| Central | 1,824 | 15% |
| Edmonton | 3,432 | 28% |
| Northeast | 877 | 7% |
| Northwest | 1,141 | 9% |
| South | 1,825 | 15% |
| Forensic Assessment & Community Services | 982 | 8% |
| **Total Registrations 1981/82** | 12,273 | 100% |
| **Total Registrations 1980/81** | 9,413 | |

Note: The Forensic Assessment & Community Services Centre is associated with Alberta Hospital Edmonton.

**Number of Registrations in Outpatient Facilities:**

**Table 2** shows that the greatest number of registrations took place in Edmonton and Calgary Regions, respectively. There was a 30% increase in the number of outpatient registrations for the service as a whole.

### Table 3

### Number of Terminations in Outpatient Facilities in the Period April 1/81 to March 31/82 Summarized by Length of Treatment

| Region | <1 month | 1-2 months | 3-5 months | 6-11 months | 1-2 years | 3-5 years | 6-9 years | 10 years or more | Total Cases |
|---|---|---|---|---|---|---|---|---|---|
| Calgary | 227 | 600 | 619 | 404 | 156 | 32 | 7 | 0 | 2,045 |
| Central | 278 | 597 | 344 | 118 | 38 | 4 | 1 | 0 | 1,380 |
| Edmonton | 937 | 679 | 837 | 680 | 296 | 47 | 13 | 8 | 3,497 |
| Northeast | 169 | 208 | 170 | 53 | 17 | 1 | 0 | 0 | 618 |
| Northwest | 370 | 203 | 153 | 129 | 55 | 11 | 0 | 0 | 921 |
| South | 98 | 307 | 461 | 423 | 281 | 22 | 3 | 1 | 1,596 |
| Forensic Assessment & Community Services | 593 | 73 | 58 | 43 | 27 | 0 | 0 | 0 | 794 |
| **Total Terminations 1981/82** | 2,672 | 2,667 | 2,642 | 1,850 | 870 | 117 | 24 | 9 | 10,851 |
| % of Total Terminations | 25% | 24% | 24% | 17% | 8% | 1% | .5% | .5% | 100% |
| **Total Terminations 1980/81** | | | | | | | | | 8,760 |

Note: 1. The time frames are inclusive, eg. 1-2 months represents a 2 month period.
2. The Forensic Assessment & Community Services Centre is associated with Alberta Hospital Edmonton.

**Duration of Treatment for Terminated Outpatient Cases:**

**Table 3** shows that the duration of treatment was less than 1 year for 90% of the cases terminated in the period. Close to 75% of the terminated cases had been in therapy for less than 6 months. The number of terminations increased by 24% over the previous period.

# MENTAL HEALTH

## Outpatient

### Table 4

### Diagnosis at Termination for Terminations in the Period April 1/81 to March 31/82

| ICD9 | Diagnosis | Regions Calgary | Central | Edmonton | Northeast | Northwest | South | Forensic Assessment & Community Services | Total Cases |
|---|---|---|---|---|---|---|---|---|---|
| 290 | Senile/Presenile Organic Psychoses | 22 | 17 | 78 | 10 | 5 | 6 | 0 | 138 |
| 291 | Alcoholic Psychoses | 4 | 8 | 36 | 5 | 4 | 3 | 1 | 61 |
| 292 | Drug Psychoses | 3 | 4 | 23 | 2 | 3 | 2 | 0 | 37 |
| 293 | Transient Organic Psychoses | 7 | 2 | 8 | 1 | 0 | 1 | 1 | 20 |
| 294 | Other Organic Psychoses | 2 | 4 | 13 | 2 | 1 | 1 | 1 | 24 |
| | **Total Organic Psychoses** | 38 | 35 | 158 | 20 | 13 | 13 | 3 | 280 |
| | Percentage of Total Cases | 2% | 2.5% | 4.5% | 3% | 1% | 1% | .5% | 2% |
| 295 | Schizophrenic Psychoses | 90 | 59 | 270 | 18 | 28 | 55 | 23 | 543 |
| 296 | Affective Psychoses | 57 | 91 | 189 | 20 | 8 | 51 | 7 | 423 |
| 297 | Paranoid States | 0 | 6 | 32 | 1 | 0 | 4 | 5 | 48 |
| 298 | Other Nonorganic Psychoses | 13 | 4 | 18 | 1 | 2 | 11 | 0 | 49 |
| 299 | Psychoses, Origins in Childhood | 1 | 1 | 2 | 0 | 0 | 1 | 0 | 5 |
| | **Total Other Psychoses** | 161 | 161 | 511 | 40 | 38 | 122 | 35 | 1,068 |
| | Percentage of Total Cases | 8% | 12% | 15% | 6% | 4% | 8% | 4% | 10% |
| 300 | Neurotic Disorders | 144 | 152 | 301 | 80 | 53 | 216 | 51 | 997 |
| 301 | Personality Disorder | 116 | 106 | 338 | 102 | 47 | 110 | 192 | 1,011 |
| 302 | Sexual Deviations and Disorders | 8 | 6 | 22 | 0 | 4 | 20 | 37 | 97 |
| 303 | Alcohol Dependence | 30 | 31 | 62 | 14 | 16 | 20 | 28 | 201 |
| 304 | Drug Dependence | 8 | 8 | 14 | 0 | 1 | 6 | 14 | 51 |
| 305 | Nondependent Drug Abuse | 4 | 15 | 14 | 1 | 12 | 3 | 15 | 64 |
| 306 | Psychogenic Disorders | 3 | 6 | 3 | 0 | 1 | 14 | 0 | 27 |
| 307 | Special Symptoms | 20 | 11 | 21 | 4 | 14 | 29 | 0 | 99 |
| 308 | Acute Reaction to Stress | 83 | 59 | 42 | 20 | 23 | 38 | 2 | 267 |
| 309 | Adjustment Reaction | 480 | 416 | 1,051 | 140 | 250 | 539 | 35 | 2,911 |
| 310 | Nonpsychotic Disorder After Brain Damage | 9 | 12 | 21 | 5 | 4 | 5 | 5 | 61 |
| 311 | Depressive Disorder | 29 | 7 | 21 | 7 | 5 | 6 | 3 | 78 |
| 312 | Disturbance of Conduct | 48 | 61 | 209 | 70 | 76 | 74 | 28 | 566 |
| 313 | Disturbance of Emotions: Child or Adolescent | 57 | 70 | 240 | 50 | 41 | 107 | 5 | 570 |
| 314 | Hyperkinesis in Childhood | 9 | 5 | 20 | 6 | 14 | 48 | 0 | 102 |
| 315 | Specific Delays in Development | 15 | 4 | 36 | 4 | 18 | 53 | 4 | 134 |
| 316 | Psychic Factors Associated with Disease | 1 | 2 | 2 | 1 | 2 | 2 | 0 | 10 |
| | **Total Neurotic Disorders, Personality Disorders and Other Nonpsychic Disorders** | 1,064 | 971 | 2,417 | 504 | 581 | 1,290 | 419 | 7,246 |
| | Percentage of Total Cases | 52% | 70% | 69% | 82% | 63% | 81% | 53% | 67% |
| 317 | Mild Mental Retardation | 17 | 5 | 26 | 9 | 33 | 16 | 13 | 119 |
| 318 | Other Specified Mental Retardation | 4 | 3 | 11 | 1 | 8 | 4 | 2 | 33 |
| 319 | Unspecified Mental Retardation | 5 | 4 | 14 | 0 | 21 | 3 | 1 | 48 |
| | **Total Mental Retardation** | 26 | 12 | 51 | 10 | 62 | 23 | 16 | 200 |
| | Percentage of Total Cases | 1% | 1% | 1% | 2% | 7% | 1% | 2% | 2% |
| | Unspecified or Other Condition | 166 | 1 | 155 | 10 | 103 | 28 | 276 | 739 |
| | Diagnosis Unassigned | 590 | 200 | 205 | 34 | 124 | 120 | 45 | 1,318 |
| | **Total Cases Terminated** | 2,045 | 1,380 | 3,497 | 618 | 921 | 1,586 | 794 | 10,851 |

Note: The Forensic Assessment & Community Services is associated with Alberta Hospital Edmonton.

**Diagnosis at Termination for Outpatient Termination:**

**Table 4** shows that the majority of cases (67%) fell into the category 'Neurotic Disorders, Personality Disorders, and Other Nonpsychotic Disorders'.

# MENTAL HEALTH
## Outpatient

### Table 5

### Number of Cases Receiving Treatment in Outpatient Facilities On April 1/81 and March 31/82

| Region | Open Cases* April 1/81 | Open Cases March 31/82 | % Change |
|---|---|---|---|
| Calgary | 928 | 1,075 | + 16% |
| Central | 551 | 995 | + 81% |
| Edmonton | 1,965 | 1,900 | − 3% |
| Northeast | 153 | 412 | +169% |
| Northwest | 446 | 666 | + 49% |
| South | 1,455 | 1,684 | + 16% |
| Forensic Assessment & Community Services | 216 | 404 | + 87% |
| **Total Open Cases** | **5,714** | **7,138** | **+ 25%** |

* open cases on books

**Number of Cases Receiving Treatment in Outpatient Facilities on April 1/81 and March 31/82:**

**Table 5** shows that the number of open cases on books increased by 25% from the beginning to the end of the period. The gains shown in Central, Northeast, and Northwest are due in part to the effects of decentralization; these regions acquired territory and mental health therapist positions in September 1981. The Forensic Assessment & Community Services showed a sharp increase over the previous period.

# MENTAL HEALTH

## Inpatient

### Table 1

### Number of Cases Treated in Alberta Psychiatric Hospitals In the Period April 1/81 to March 31/82 Summarized by Sex and Age on March 31, 1982

| | Age in Years | | | | | Total Cases |
|---|---|---|---|---|---|---|
| | <18 | 18-24 | 25-44 | 45-64 | 65+ | |
| **Alberta Hospital** | | | | | | |
| Edmonton | 26 | 308 | 745 | 416 | 320 | 1,815 |
| Ponoka | 8 | 138 | 441 | 275 | 227 | 1,089 |
| **Total Cases 81/82** | 34 | 446 | 1186 | 691 | 547 | 2,904 |
| Males | 23 (69%) | 277 (62%) | 381 (32%) | 441 (64%) | 312 (57%) | 1,434 (49%) |
| Females | 11 (31%) | 169 (38%) | 805 (68%) | 250 (36%) | 235 (43%) | 1,470 (51%) |
| **Total Cases 80/81** | | | | | | 2,994 |

Note: The age ranges are inclusive, eg. 18-24 years includes ages 18 and over 24.9 years of age.

**Number of Cases Treated in Inpatient Facilities Summarized by Sex and Age:**

**Table 1** shows that 16% of the cases were under 25 years of age, 41% fell in the 25 to 44 year range, and 43% were 45 or over. Females outnumbered males in the 25-44 year range but otherwise males outnumbered females or the difference was negligible. There was little change from the previous period in the total number of cases registered; the figures indicate that there was a decrease of 3%.

# MENTAL HEALTH
## Inpatient

### Table 2

### Admissions to and Discharges from Alberta Psychiatric Hospitals Between April 1/81 and March 31/82 Summarized by Legal Status

| | Alberta Hospital | | |
|---|---|---|---|
| | Edmonton | Ponoka | Total |
| **Admissions** | | | |
| One Admission Certificate | 193 | 80 | |
| Two Admission Certificates | 377 | 298 | |
| Conveyance and Examination Certificate | 58 | 18 | |
| Lieutenant Governor's Warrant | 3 | 4 | |
| Order of Apprehension | 47 | 1 | |
| Peace Officer's Power | 15 | 1 | |
| Renewal Certificate | 0 | 26 | |
| Remand Under the Criminal Code | 134 | 0 | |
| Voluntary | 278 | 198 | |
| Legal Status Not Specified | 5 | 0 | |
| **Total Admissions 81/82** | 1,110 | 626 | 1,736 |
| **Total Admissions 80/81** | 1,272 | 669 | 1,941 |
| **Discharges** | | | |
| One Admission Certificate | 6 | 0 | |
| Two Admission Certificates | 358 | 112 | |
| Lieutenant Governor's Warrant | 8 | 0 | |
| Renewal Certificate | 0 | 123 | |
| Remand Under the Criminal Code | 118 | 0 | |
| Voluntary | 653 | 388 | |
| Legal Status Not Specified | 0 | 2 | |
| **Total Discharges 81/82** | 1,143 | 623 | 1,766 |
| **Total Discharges 80/81** | 1,241 | 689 | 1,930 |

Note: One admission certificate is equivalent to a conveyance and examination certificate (see Section 19 (2) of the Mental Health Act, Chapter M-13, RSA, 1980).

**Number of Admissions and Discharges from Alberta Psychiatric Hospitals, Summarized by Legal Status:**

Table 2 shows that while only 27% of all admissions are voluntary at discharge 59% of the cases are voluntary, indicating that legal status changes from involuntary to voluntary in a substantial portion of cases. A comparison of the period 1981/82 with the previous period, 1980/81, indicates that there was a slight decline in the number of patients admitted and discharged: Admissions dropped 11% and discharges dropped 8%.

# MENTAL HEALTH

## Inpatient

### Table 3

### Number of Discharges from Alberta Psychiatric Hospitals in the Period April 1/81 to March 31/82 Summarized by Length of Stay in Hospital

| | Duration of Stay | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | <1 month | 1-2 months | 3-5 months | 6-11 months | 1-2 years | 3-5 years | 6-9 years | 10 years or more | Total Cases |
| **Alberta Hospital** | | | | | | | | | |
| Edmonton | 412 | 382 | 179 | 79 | 48 | 23 | 12 | 8 | 1,143 |
| Ponoka | 203 | 212 | 81 | 46 | 54 | 8 | 8 | 13 | 625 |
| **Total Discharges** | 615 | 594 | 260 | 125 | 102 | 31 | 20 | 21 | 1,768 |

Note: The time frames are inclusive, eg. 1-2 months represents a two month period.

**Number of Discharges from Alberta Psychiatric Hospitals Summarized by Length of Stay:**

**Table 3** shows that 68% of the discharged cases had been in hospital for less than 3 months.

# MENTAL HEALTH

## Inpatient

### Table 4

### Diagnosis at Discharge for Patients Discharged in the Period April 1/81 to March 31/82

| ICD9 | Diagnosis | Alberta Hospital | | Total |
|---|---|---|---|---|
| | | Edmonton | Ponoka | Cases |
| 290 | Senile/Presenile Organic Psychoses | 31 | 35 | 66 |
| 291 | Alcoholic Psychoses | 29 | 17 | 46 |
| 292 | Drug Psychoses | 43 | 9 | 52 |
| 293 | Transient Organic Psychoses | 2 | 7 | 9 |
| 294 | Other Organic Psychoses | 7 | 4 | 11 |
| | **Total Organic Psychoses** | 112 | 72 | 184 |
| | Percentage of Total Cases | 10% | 12% | 10% |
| 295 | Schizophrenic Psychoses | 254 | 166 | 420 |
| 296 | Affective Psychoses | 254 | 54 | 308 |
| 297 | Paranoid States | 45 | 25 | 70 |
| 298 | Other Nonorganic Psychoses | 40 | 4 | 44 |
| 299 | Psychoses, Origins in Childhood | 0 | 1 | 1 |
| | **Total Other Psychoses** | 593 | 250 | 843 |
| | Percentage of Total Cases | 52% | 40% | 47% |
| 300 | Neurotic Disorders | 37 | 22 | 59 |
| 301 | Personality Disorder | 166 | 60 | 226 |
| 302 | Sexual Deviations and Disorders | 11 | 0 | 11 |
| 303 | Alcohol Dependence | 44 | 143 | 187 |
| 304 | Drug Dependence | 1 | 6 | 7 |
| 305 | Nondependent Drug Abuse | 4 | 4 | 8 |
| 306 | Psychogenic Disorders | 4 | 0 | 4 |
| 307 | Special Symptoms | 1 | 0 | 1 |
| 308 | Acute Reaction to Stress | 2 | 2 | 4 |
| 309 | Adjustment Reaction | 26 | 7 | 33 |
| 310 | Nonpsychotic Disorder After Brain Damage | 56 | 6 | 62 |
| 311 | Depressive Disorder | 39 | 29 | 68 |
| | **Total Neurotic Disorders, Personality Disorders and Other Nonpsychotic Disorders** | 391 | 279 | 670 |
| | Percentage of Total Cases | 34% | 45% | 38% |
| 317 | Mild Mental Retardation | 8 | 10 | 18 |
| 318 | Other Specified Mental Retardation | 0 | 0 | 0 |
| 319 | Unspecified Mental Retardation | 15 | 6 | 21 |
| | **Total Mental Retardation** | 23 | 16 | 39 |
| | Percentage of Total Cases | 2% | 2.5% | 2% |
| | Unspecified or Other Condition | 24 | 7 | 31 |
| | Diagnosis Unassigned | 0 | 1 | 1 |
| | **Total Cases Discharged** | 1,143 | 625 | 1,768 |

**Diagnosis at Discharge for Discharged Inpatients:**

**Table 4** shows that nonorganic psychoses accounted for the greatest part of the cases (47%), followed by neurotic disorders, personality disorders, and other nonpsychotic disorders, which as a group were 38% of the cases.

# OFFICE OF THE ASSOCIATE DEPUTY MINISTER

- Financial Services Branch
- Financial Statements
- Personnel Branch
- Legal Services
- Public Communications Branch
- Planning Secretariat
- Vital Statistics Branch
- Institutional Resources
- Management and Operational Audit Branch
- Appeal and Advisory Secretariat

# OFFICE OF THE ASSOCIATE DEPUTY MINISTER

The Office of the Associate Deputy Minister was established April, 1981, as part of the Senior Management re-organization, introduced at that time to reflect the Regional Plan.

This office exists to ensure that all Departmental services are well planned, to ensure that designated services are delivered effectively and efficiently in the six regions and that all services and management structures receive the necessary operations support and to ensure regular management and operational audit of the overall functioning of the Department.

The broad responsibilities of this structure are:

i) To provide resources for Department-wide planning, policy development activities, research and evaluation, and interdivisional program initiatives, for comprehensive health and social services;

ii) To effectively and efficiently deliver all designed departmental services in the six regions.

iii) To provide adequate organizational support in the areas of finance, personnel and administrative services and information systems services for all departmental functions, particularly for good corporate management and control and regional delivery of services.

iv) To regularly assess all activities within the Department and funded by the Department for effectiveness, efficiency and economy.

The following organizational entities form the Office of the Associate Deputy Minister:

- Planning Secretariat
- Management and Operational Audit
- Service Delivery
  - six Regions
  - Child Welfare Delivery Headquarters
  - Institutional Resources
- Special Projects Section
- Administrative Services
- Financial Services
- Personnel
- Legal Services
- Public Communications
- Institutional Resources
- Appeal and Advisory Secretariat

## FINANCIAL SERVICES BRANCH

The Financial Services Branch is responsible for budgeting, cost control and reporting, accounts payable and revenue collection.

Financial statements for the 1981-82 fiscal year are shown on the following pages.

# BUDGET ESTIMATES, SPECIAL WARRANTS AND EXPENDITURES CLASSIFIED BY VOTE
## ($000)

| | 1981/82 Budget Estimates | 1981/82 Special Warrants | Expenditures for the Years Ending March 31 1982 (a) | 1981 (b) |
|---|---|---|---|---|
| **VOTE 1 — DEPARTMENTAL SUPPORT SERVICES** (no Sub-Program breakdown) | | | | |
| Minister's Office | 260 | - | 333 | 222 |
| Executive Management | 1,511 | - | 1,649 | 1,277 |
| Departmental Financial Services | 5,482 | - | 4,857 | 3,451 |
| Research and Planning | 3,656 | - | 3,824 | 2,656 |
| Senior Citizens Bureau | 523 | - | 508 | 435 |
| Personnel & Staff Development | 4,629 | - | 4,964 | 3,191 |
| Public Communications | 1,219 | - | 1,296 | 936 |
| Departmental Administrative Services | 4,923 | - | 5,219 | 3,880 |
| Management Audit | 506 | - | 390 | 363 |
| Public Guardian's Office | 1,875 | - | 1,586 | 540 |
| Social Services District Offices | 40,331 | - | 40,693 | 28,982 |
| Family Maintenance & Court Services | 526 | - | 656 | 478 |
| Administration of District Offices | 803 | - | 664 | 533 |
| TOTAL VOTE 1 | 66,244 | - | 66,639 | 46,944 |
| **VOTE 2 — SOCIAL ALLOWANCE** (Sub-Programs) | | | | |
| Program Support | 2,516 | 177 | 2,591 | 2,138 |
| Social Allowance for Aged | 16,094 | - | 14,277 | 13,750 |
| Social Allowance - Single Parent Families | 111,687 | 5,867 | 113,206 | 89,750 |
| Social Allowance - Physically Handicapped | 32,681 | 3,049 | 35,126 | 27,500 |
| Social Allowance - Mentally Handicapped | 9,130 | - | 6,740 | 6,586 |
| Social Allowance - Employables | 36,189 | - | 39,103 | 26,953 |
| Social Allowance - Special Groups | 4,882 | 1,007 | 7,078 | 4,855 |
| TOTAL VOTE 2 | 213,179 | 10,100 | 218,121 | 171,532 |
| **VOTE 3 — CHILD WELFARE SERVICES** | | | | |
| Program Support | 2,370 | - | 2,274 | 1,409 |
| Community and Family Services | 28,024 | 5,703 | 34,449 | 25,875 |
| Contracted Residences | 31,363 | - | 27,903 | 19,274 |
| Residence & Treatment in Institutions | 19,241 | - | 18,233 | 11,326 |
| TOTAL VOTE 3 | 80,998 | 5,703 | 82,859 | 57,884 |
| **VOTE 4 — SPECIALIZED SOCIAL SERVICES** | | | | |
| Purchased Services & Agency Grants for Adults | 2,763 | - | 1,675 | 696 |
| Residential Accommodations in Institutions & Hostels for Adults | 4,145 | - | 3,603 | 3,255 |
| TOTAL VOTE 4 | 6,908 | - | 5,278 | 3,951 |

| | | | | |
|---|---|---|---|---|
| **VOTE 5 — BENEFITS & INCOME SUPPORT** (Sub-Programs) | | | | |
| Senior Citizens Supplementary Benefits | 64,784 | - | 60,804 | 48,935 |
| Pensions and Allowances | 57,949 | - | 46,458 | 26,879 |
| Day Care | 16,420 | - | 11,525 | - |
| TOTAL VOTE 5 | 139,153 | - | 118,787 | 75,814 |
| **VOTE 6 — VOCATIONAL REHABILITATION SERVICES** (Sub-Programs) | | | | |
| Program Support | 317 | - | 318 | 214 |
| Regional Delivery Services | 2,439 | - | 2,564 | 1,924 |
| Purchased Services & Agency Grants | 15,847 | - | 13,920 | 8,633 |
| Vocational Opportunities for Disabled Adults | 3,229 | - | 2,975 | 2,848 |
| TOTAL VOTE 6 | 21,832 | - | 19,777 | 13,619 |
| **VOTE 7 — SERVICES FOR THE HANDICAPPED** (Sub-Programs) | | | | |
| Program Support | 954 | - | 774 | 465 |
| Community Development & Referral | 3,284 | - | 2,936 | 2,158 |
| Purchased Services & Agency Grants | 24,106 | - | 20,199 | 15,783 |
| Residence & Treatment in Institutions | 58,103 | 860 | 60,087 | 48,296 |
| TOTAL VOTE 7 | 86,447 | 860 | 83,996 | 66,702 |
| **VOTE 8 — TREATMENT OF MENTAL ILLNESS** (Sub-Programs) | | | | |
| Program Support | 2,280 | - | 1,927 | 2,083 |
| Regional Diagnosis & Treatment | 10,764 | 170 | 10,848 | 8,385 |
| Purchased Services & Agency Grants | 5,500 | - | 4,686 | 2,324 |
| Residence & Treatment in Institutions | 58,340 | 430 | 58,580 | 46,979 |
| TOTAL VOTE 8 | 76,884 | 600 | 76,041 | 59,771 |
| **VOTE 9 — GENERAL HEALTH SERVICES** | | | | |
| Program Support | 7,058 | - | 6,880 | 5,738 |
| Communicable Disease Control | 4,898 | - | 4,247 | 3,496 |
| Special Health Services | 346 | - | 183 | 296 |
| Rehabilitative Health Services | 16,139 | 6,800 | 20,980 | 14,170 |
| Vital Statistics | 1,004 | - | 1,065 | 819 |
| TOTAL VOTE 9 | 29,445 | 6,800 | 33,355 | 24,519 |
| **VOTE 10 — COMMUNITY SOCIAL & HEALTH SERVICES** | | | | |
| Financial Assistance to Municipalities for Community Social Services | 19,750 | - | 18,341 | 29,046 |
| Community Health Services | 65,852 | - | 65,719 | 53,321 |
| Day Care | 19,069 | - | 13,106 | - |
| TOTAL VOTE 10 | 104,671 | - | 97,166 | 82,367 |
| TOTAL DEPARTMENT | 825,761 | 24,063 | 802,019 | 603,103 |

a) Preliminary - not audited

b) Audited and comparable to 1981/82 Estimates

NOTE: For detailed audited information on all financial statements included in this report, please refer to the Public Accounts of the Province of Alberta, which are submitted to the Legislature annually.

# REVENUE FOR THE YEAR ENDED MARCH 1982

| | 1981/82 (a) | 1980/81 (b) |
|---|---|---|
| **GOVERNMENT OF CANADA** | | |
| Blind Persons Allowance | - | 32,191 |
| Canada Assistance Plan | 229,134,719 | 152,615,950 |
| Child Welfare Special Allowance | 1,963,512 | 1,622,922 |
| Disabled Persons Allowance | - | 69,197 |
| Rehabilitation of Disabled Persons | 1,527,651 | 1,631,326 |
| Extended Health Care Service Grants | 64,279,000 | 55,807,000 |
| Unemployment Assistance Agreement | - | 647 |
| Child Welfare Reimbursements | 627,727 | 3,421,071 |
| Public Assistance Reimbursement | 276,515 | 2,209,302 |
| Computer Costs | 33,535 | - |
| Baker Centre for Handicapped | (34,725) | 132,724 |
| | 297,907,934 | 217,542,330 |
| **HOMES, HOSTELS AND INSTITUTIONS** | | |
| Maintenance Charges | (4,447,529) | 6,651,903 |
| Services and Supplies to Staff | 412,601 | 419,535 |
| Miscellaneous | 368,286 | 376,605 |
| | (3,666,642) | 7,448,043 |
| **VITAL STATISTICS** | | |
| Change of Name Act | 39,082 | 38,352 |
| Marriage Licenses | 211,822 | 206,849 |
| Vital Statistics | 543,028 | 589,998 |
| | 793,932 | 835,199 |
| **OTHERS** | | |
| Training Bursaries | 11,345 | 3,825 |
| Paramedic Licensing | 131,408 | 127,664 |
| Cemetery | 550 | 500 |
| Municipal Nursing Services | 1,908 | 3,904 |
| Tuberculosis Control | 1,659 | 4,569 |
| Group Homes for the Handicapped | 12,287 | 36,558 |
| Miscellaneous | 143,805 | 26,550 |
| | 302,962 | 203,570 |
| **PREVIOUS YEAR'S REFUND** | | |
| Previous Year's Refund, General Office | 7,290,873 | (38,427) |
| Homes, Hostels and Institutions | 5,175 | (17,249) |
| | 7,296,048 | (55,676) |
| Suspense Account | - | - |
| **TOTAL DEPARTMENT REVENUE** | 302,534,234 | 225,973,466 |

a) Preliminary - not audited

b) Audited and comparable to 1981/82 Estimates

# ADMINISTRATIVE SERVICES BRANCH

This Branch is responsible for identifying, providing and developing administrative support services for the Department's program managers. The services provided include material acquisition, accommodation planning, records management, social services client file management, mail management, micrographics, information and reception, vehicle management, insurance coordination and a centralized word processing system.

Activities in 1981-82 included planning for Regional Office accommodation requirements and expansion of the Satellite Records Office concept in Central Office. The Client Index computer system for Child Welfare clients was implemented in February 1982 and will form the base for development of future client systems.

# PERSONNEL BRANCH

Personnel's functions are carried out by the Staffing Unit Classification and Standards Employee Relations Unit, Staff Development Branch and the Occupational Health and Safety Section. Reports from each follow.

## Staffing Unit

Recruitment and selection activity decreased slightly over the previous year, as this table shows:

| | 1980-81 | 1981-82 | Decrease % |
|---|---|---|---|
| Applications received | 23,080 | 22,613 | 2 |
| Interviews conducted | 7,534 | 7,091 | 5 |
| Appointments | 3,334 | 2,932 | 12 |

## Classification and Standards

Classifications and Standards processed 3,242 positions for classification. This total consists of 900 creations, 1,182 updates and 1,160 reclassifications. This represents a five per cent overall increase over 1980-81 and a 61 per cent overall increase over 1979-80. There was an increase in all areas except reclassifications, which decreased slightly from 1980-81 (9.8 per cent).

## Employee Relations Unit

In 1981-82 there were 176 disciplinary actions taken and 144 grievances, of which 27 were carried over from 1980-81 and 8 carried over from 1979-80. By the end of the fiscal year, 109 grievances were settled with 35 carried over to the 1982-83 fiscal year.

## Staff Development Unit

During the year, the Unit provided training and development activities for 3,610 Department staff members. Of that total, 3,343 were in non-management positions and 267 in management positions.

Other activities of the Branch included involvement with decentralization and regionalization of services.

## Occupational Health and Safety Section

During 1981-82, employees of this Department experienced 392 accidents/injuries which required the services of a medical practitioner only and 413 accidents/injuries which resulted in a total of 7,354 days lost from work due to disability.

In this period, the various training programs, available from this Department or the Personnel Administration Office organizational development section, were delivered to the following:

- First Aid Training - 418 employees
- Emergency Survival Training - 53 employees
- Defensive Driver Training - 67 employees
- Supervisor's Accident Prevention Training - 364 employees
- Joint Work Site Committee Training - 33 employees

**Injuries and Days Lost, Per Million Man Hours Worked**

| | Injuries | | Frequency | Severity | Days | Total |
|---|---|---|---|---|---|---|
| | Disabling | Medical | Rate | Rate | Lost | Costs |
| April - June | 93 | 90 | 50.72 | 527.47 | 1903 | $132,845 |
| July - September | 113 | 130 | 65.06 | 487.81 | 1822 | $102,009 |
| October - December | 109 | 74 | 48.89 | 484.04 | 1812 | $175,592 |
| January - March | 98 | 98 | 50.73 | 470.29 | 1817 | $172,493 |

# LEGAL SERVICES

The Department of the Attorney General provides Alberta Social Services and Community Health with legal services. The Attorney General's Department has assigned four solicitors to Social Services and Community Health. These solicitors provide legal advice to all divisions of the Department and are responsible for all legal services.

# PUBLIC COMMUNICATIONS BRANCH

The Public Communications Branch provides public relations counsel and communications services to the various divisions within the Department. Drawing on the resources of the Public Affairs Bureau, the Branch plans, executes and monitors public information and advertising programs. As well, the Branch is the coordinating and production centre for the Department's publications and audio-visual needs.

Public Communications works with individual program personnel in developing supportive communications campaigns, as well as providing assistance to district offices, local health authorities, and the various community agencies operated and funded by the Department.

A suboffice was maintained in Red Deer and Calgary to facilitate assistance to departmental staff in the Southern Region of the province. In addition, the Red Deer office included communication services to Michener Centre and to the Office of the Public Guardian.

Some of the major programs involving Public Communications included the Child Abuse campaign; special public awareness undertakings for Social Hygiene; Immunization Month; Dental Health Month; Foster Care and Home Recruitment; and others.

As in previous years, the Branch processed a heavy volume of print material for distribution to the public through local health authorities, departmental district offices as well as at special functions and public events.

# PLANNING SECRETARIAT

The establishment of a Planning Secretariat was also announced in April, 1981 as a complementary initiative to the Department's regionalization and decentralization plan. The functions and organization structure of the existing Research and Planning Division became the nucleus for the development of a new mandate for this group. In October, 1981 a mandate and organizational structure for the Planning Secretariat was approved by the Senior Management and Policy Committees of the Department. Its main thrust is to act as an active support group to the Minister, senior management, program divisions and regions in co-ordinating department-wide planning, policy development, research and evaluation activities. The four major units in the Planning Secretariat are:

**Strategic Planning and Policy Development** - responsible for the development and maintenance of an integrated departmental planning process; co-ordination and interdivisional policy-development activities, co-ordination of federal-provincial interface on issues relating to departmental program and manpower planning.

**Planning Support Services** - responsible for the co-ordination of department-wide information services including collection, production and dissemination of statistics, the management of the departmental library, research support to strategic planning, program development, evaluation, socio-economic forecasting and analysis.

**Legislative Planning** - responsible for the preparation of draft legislation for departmental programs and services and for undertaking legislative activities that lead to proposals for new legislations or amendments to legislation.

**Systems and Procedures** - responsible for the development and maintenance of computer systems in the department.

### Senior Citizens Bureau

The Senior Citizens Bureau gathers information on services, benefits, resource materials and data relating to senior citizens. This information is provided to senior citizens, the general public and government agencies. The Bureau also provides temporary education and special projects grants, encourages co-operation between government departments on matters affecting senior citizens and provides staff services for the Provincial Senior Citizens Advisory Council.

In 1981-82 the Bureau handled over 4,000 information requests, published an information kit entitled "Understanding and Working with Older Persons", a booklet "Programs for Senior Citizens", and the 1981 report of the Provincial Senior Citizens Advisory Council and drafted Guidelines for Senior Citizens. The Bureau also chaired a subcommittee, appointed by the Health and Social Services Planning Committee, that prepared a report on the concerns of mentally frail older persons.

# INSTITUTIONAL RESOURCES

The Institutional Resources Branch was created in October 1981, to maintain a level of authority for Provincial Institutions during the process of Departmental decentralization.

The institutions under the jurisdiction of the Institutional Resources Branch are:

The Alberta Hospital Ponoka*

The Alberta Hospital Edmonton*
The Youth Development Centre in Edmonton
The Youth Development Centre in Strathmore
The Westfield Treatment Centre

The Long Term Care Centres:

Raymond Home*
Claresholm Care Centre*
Rosehaven*

The Rehabilitation Centres:

Michener Centre
Baker Centre

* Reports can be found under Mental Health Services.

These institutions provide a wide spectrum of services (from Mental Health to the rehabilitation of juvenile offenders).

A major objective of the Institutional Resources Branch is to develop the mechanisms essential to transferring the institutions to Board or Agency governance.

### Michener Centre (Red Deer)

Michener Centre's purpose is to serve as a provincial resource within the Department of Social Services and Community Health in providing residential accommodation, programs, professional and support services to mentally retarded individuals who cannot be adequately accommodated in their home region. In 1981-82, there were 1,606 beds available for these individuals.

### Baker Centre (Calgary)

Baker Centre, located in Calgary, provides training, rehabilitation and nursing care to medically handicapped and mentally retarded persons. In 1981-82, 148 residents were provided services in the various units of Baker Centre and 84 persons received relief services.

### Youth Development Centre (Edmonton)

The Youth Development Centre is a co-educational residential treatment centre for adolescents (12 - 16 years of age) with behavioral and/or emotional problems. Referrals to the program are received through Juvenile Court/Regional Placement Committees.

In 1981, there were 251 admissions, 163 males and 52 females. Most admissions (65 per cent) were from the Edmonton region, referred from government institutions (97 per cent), had previous placements (93 per cent), and were placed at a school level of grade eight. Those admitted with Juvenile Delinquent Act status amounted to 62 per cent and 31 per cent under the Child Welfare Act. Of the total, 67 per cent had some form of compulsory care status. There were 207 discharges in 1981. The average length of stay is four months and children are released from the Centre to variety of settings; group home, foster home, independent or supported independent living or their home.

### Westfield Treatment Centre (Edmonton)

Westfield provides a remedial program for children requiring residential treatment. The objective of the program is to educate and counsel the child so that they demonstrate the minimum skills and behaviors required to adapt to community living, and to assist in placing the child in a suitable environment (family therapy, foster home, group home) following treatment.

The Centre provided treatment for 292 children during 1981-82. Of these children 119 received residential treatment for an average of eight months; 42 of these children were treated in the after care program (Group Home) and 49 children and their families received treatment in the non-residential day care program for an average of seven months.

## MANAGEMENT AND OPERATIONAL AUDIT BRANCH

The Branch audits the management process, financial reports and controls, and operations of the Department to ensure the effective, efficient and economical use of Department resources.

Comprised of three audit areas - management, financial and operational - the Branch audits Department activities and agencies funded by the Department.

There were 23 audits and 10 follow-up audits in 1981-82. Branch highlights include: amalgamation of the Management Audit and Operations Review branches; and approval of the revised Branch mandate.

## APPEAL AND ADVISORY SECRETARIAT

Planning for the establishment of the Appeal and Advisory Secretariat began in the Spring of 1981 in conjunction with regionalization.

The Appeal and Advisory Secretariat reports directly to the Minister and its mandate is as follows:

A. To strengthen the support to the government, Minister and Department through the development and maintenance of an efficient and effective system of citizen appeal and advisory committees.

B. To provide the necessary resources to facilitate and enhance the neutral and impartial capability of committees to advise and make decisions as they relate to the various program areas of the Department.

More than 500 citizens throughout Alberta sit on various Boards and Committees of the Department. The Boards are concerned with social, health and program delivery issues. A description of Boards and Committees with which the Secretariat functioned in 1982 follows:

**Social Care Facilities Review Committee.** Visits facilities operated or funded by the Department and

investigate complaints about facility's care and treatment and standards of accommodation.

**Advisory Council.** Advice on a variety of legislated programs in terms of operation, special studies and grants and public opinion, e.g. Senior Citizens, Day Care, Suicide Prevention, Public Guardian, Mental Health Research, Alberta Aids to Daily Living, Family Planning, and Health Services (Community Resource Centre).

**Task Force.** Carry out specific tasks with a view to encouraging public input, e.g. Disabled Persons and Review of the Mental Health Act.

**Citizens Appeal Boards and Panels.** Consider appeals from persons with respect to delivery questions or specific case decisions, e.g. Social Allowance, Assured Income for the Severely Handicapped, Mental Health Review and Dependent Adults.

**Citizens Resource Centre and Advisory Board.** Advises on the operation and service to handicapped in southwest Alberta, and to serve as a referral agency for clients.

**Community Resource Centre and Advisory Board.** Advises on the operation and service to handicapped persons in Southeast Alberta and provides coordination of service agencies.

**Alberta Alcohol and Drug Abuse Commission.** Handles appointments of members to carry out the requirements of the Alberta Alcohol and Drug Abuse Act.

### Special Committees

Medical Services (Alberta) Incorporated Foundation. Advises on general medical research policy.

Appeal Boards. Ad Hoc Appeal Boards established under the Social Care Facilities Licensing Act to process appeals pertaining to facilities licensing decisions.

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